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ABSTRACT

The rapid growth in the number of school-based health centers reflects the interest schools and communities have for this approach to the delivery of health care to children and adolescents. This technical assistance sampler contains information about resources for those developing or operating school-based health centers. The first section contains information about the history and operation of school-based health centers, including a description of experience with these centers in Texas. The second section lists 39 general references that include discussions of school-based health centers. The third section lists 23 documents prepared by the Center for Mental Health in Schools and its Clearinghouse and 25 documents prepared by other state and national services that are available through the Clearinghouse. The fourth section contains a template of essential and optional services provided by comprehensive school-based health centers. Section Five describes seven model programs, and section six lists agencies, organizations, and Internet sites that provide information about school-based health centers. The seventh section lists experts who have agreed to be part of a consultation cadre about school-based health centers. An appendix discusses the challenges of limited financial resources. (SLD)

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ED 426 151

Mental Health in Schools Center
Training and Technical Assistance

Technical Assistance Sampler on:

School-Based Health Centers

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Support comes in part from the Department of Health and Human Services, Public Health Service, Health Resources and Services Administration, Maternal and Child Health Bureau, Office of Adolescent Health

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We realize that each individual and organization requesting technical assistance has unique and special information needs. To accommodate this diversity, we are developing samplers to provide immediate information on a variety of resources and how to access them.

In compiling samplers, we conduct a search of agencies, organizations, the Internet, relevant programs, and library resources. Then, we select a sample of diverse resources -- including resources that are themselves links to other resources and information. We also provide information on how to access other knowledgeable individuals who are ready to offer assistance. All resources listed are relatively easy to access through libraries, by phone, or over the Internet. If you are not yet connected to the Internet, hopefully you have access through work, a local library, or a friend.

We hope the attached sampler is sufficient to meet your needs. However, should you require further help, please let us know. And should you know of something you think we should add, let us know this as well.

UCLA CENTER FOR MENTAL HEALTH IN SCHOOLS*

Under the auspices of the School Mental Health Project in the Department of Psychology at UCLA, our center approaches mental health and psychosocial concerns from the broad perspective of addressing barriers to learning and promoting healthy development. Specific attention is given policies and strategies that can counter fragmentation and enhance collaboration between school and community programs.

MISSION: *To improve outcomes for young people by enhancing policies, programs, and practices relevant to mental health in schools.*

Through collaboration, the center will

- **enhance practitioner roles, functions and competence**
- **interface with systemic reform movements to strengthen mental health in schools**
- **assist localities in building and maintaining their own infrastructure for training, support, and continuing education that fosters integration of mental health in schools**

Consultation Cadre *Clearinghouse*

Newsletter *National & Regional Meetings*

Electronic Networking

Guidebooks *Policy Analyses*

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*In 1996, two national training and technical assistance centers focused on mental health in schools were established with partial support from the U.S. Department of Health and Human Services, Public Health Service, Health Resources and Services Administration, Maternal and Child Health Bureau, Office of Adolescent Health. As indicated, one center is located at UCLA; the other is at the University of Maryland at Baltimore and can be contacted toll free at 1-(888) 706-0980.

U.S. Department of Health & Human Services
Public Health Service
HRSA
Health Resources & Services Administration
Maternal & Child Health Bureau
Office of Adolescent Health

What is the Center's Clearinghouse?

The scope of the Center's Clearinghouse reflects the School Mental Health Project's mission -- to enhance the ability of schools and their surrounding communities to address mental health and psychosocial barriers to student learning and promote healthy development. Those of you working so hard to address these concerns need ready access to resource materials. The Center's Clearinghouse is your link to specialized resources, materials, and information. The staff supplements, compiles, and disseminates resources on topics fundamental to our mission. As we identify what is available across the country, we are building systems to connect you with a wide variety of resources. Whether your focus is on an individual, a family, a classroom, a school, or a school system, we intend to be of service to you. Our evolving catalogue is available on request; eventually it will be accessible electronically over the Internet.

What kinds of resources, materials, and information are available?

We can provide or direct you to a variety of resources, materials, and information that we have categorized under three areas of concern:

- Specific psychosocial problems
- Programs and processes
- System and policy concerns

Among the various ways we package resources are our *Introductory Packets, Resource Aid Packets, special reports, guidebooks*, and *continuing education units.* These encompass overview discussions of major topics, descriptions of model programs, references to publications, access information to other relevant centers, organizations, advocacy groups, and Internet links, and specific tools that can guide and assist with training activity and student/family interventions (such as outlines, checklists, instruments, and other resources that can be copied and used as information handouts and aids for practice).

Accessing the Clearinghouse

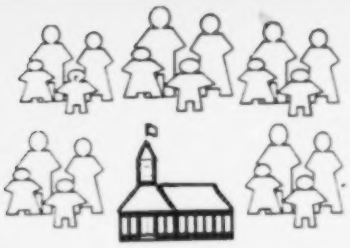
- E-mail us at **smhp@ucla.edu**
- FAX us at (310) 206-8716
- Phone (310) 825-3634
- Write School Mental Health Project/Center for Mental Health in Schools, Dept. of Psychology, Los Angeles, CA 90095-1563

Check out recent additions to the Clearinghouse on our Web site
http://smhp.psych.ucla.edu

All materials from the Center's Clearinghouse are available for a minimal fee to cover the cost of copying, handling, and postage. Eventually, we plan to have some of this material and other Clearinghouse documents available, at no-cost, on-line for those with Internet access.

If you know of something we should have in the clearinghouse, let us know.

1/14/98



School-Based Health Centers

Table of Contents ***Page***

I. About School-Based Health Centers
- A. Background 3
- B. Facts and Stats 5
- C. One State's Experience 6
- D. Maternal and Child Health Bureau Initiatives Supporting School-Based Health Centers 10
- E. Making the Grade Initiative Supporting School-Based Health Centers 11

II. General References that Include Discussion of School-Based Health Centers 12

III. A Few Selected Documents from Our Center and Clearinghouse
- A. Related Materials Prepared by Our Center 19
- B. State and National Documents Relevant to School-Based Health Centers 23
- C. Guides, Reports and Other Printed Resources 25

IV. A Template of Essential & Optional Services of Comprehensive School-Based Health Centers 30

V. Some Model Programs 37

IV. Agencies, Organizations and Internet Sites 42

V. Consultation Cadre members with Relevant Expertise 48

Appendix
- Meeting the Challenge of Limited Financial Resources 53

IF WE CAN BE OF FURTHER ASSISTANCE, PLEASE DO NOT HESITATE TO CONTACT THE CENTER

MAKING THE GRADE

The George Washington University
WASHINGTON DC

School-Based Health Centers

Background

School-based health centers provide comprehensive physical and mental health services to children in need of care at locations accessible to children and their families. Once considered controversial, these centers have come to be viewed as one of the ways communities address the unmet needs of young people. The health centers are found in more than 900 schools across the United States.

The need. While most children in the United States are in excellent health and receive good care, too many children neither see a physician at recommended intervals nor receive treatment for episodic or chronic problems. The difficulties confronting these mostly low-income children are made worse by the higher rates of health problems associated with poverty and the greater barriers poor children experience in securing care. In 1993, 15.7 million children (22.7 percent) lived in poverty.

The primary barrier to health care is financial. Although universal health insurance is an essential step towards universal access for children, insurance alone is not enough. Unequal distribution of physicians and other health professionals across the US, inadequate transportation services, cultural barriers and institutional practices all impede access to care. In Chicago, for example, the children-to-pediatrician ratio in poor neighborhoods is 5,887:1, in contrast to a national average of about 1,000:1. Even when physicians are present in a community they may refuse to see Medicaid-enrolled children or Medicaid rules and reimbursement rates may deter providers from giving care. For example, nearly half the state Medicaid programs do not pay for care by psychologists or clinical social workers, even when they are supervised by psychiatrists.

Adolescents face additional barriers to care. Adolescents are more likely than any age group to be uninsured. About 15 percent have no health insurance. Many, despite legal protections, are also unable to secure confidential services related to substance abuse, sexuality, or emotional problems. All adolescents confront a shortage of physicians or other health professionals trained in adolescent health care.

School-based health centers: the response. During the past 25 years, parents, school officials, health providers and public agencies have tested the effectiveness of school-based health centers in providing care to school-age children. The centers' rapid growth reflects the enthusiasm schools and communities have for this approach. The centers blend medical care with preventive and psycho-social services and organize broader school-based and community-based health promotion efforts. Data from a variety of school-based health centers confirm that

- the centers are popular with parents -- more than 70 percent of parents consent for their children tc use the centers,
- the centers are popular with students -- on average, about half the enrolled students use the centers and the average visit rate is four visits per year per student,
- the centers have increased access to care for young people who do not have access to regular providers, who have not see a physician lately and who do not have health insurance,
- the centers provide a range of physical and mental health services, with care for psycho-social problems an increasingly important service component, and

- the centers are beginning to participate in managed care networks as the managed care plans see the centers as opportunities to expand capacity to provide primary care to their enrolled school-age children.

The centers began in two cities -- St. Paul, Minnesota and Dallas, Texas -- in the early 1970s, grew to 50 health centers in the 12 years that followed and have grown to more than 900 during the school year 1995/96. The recent expansion has been fueled largely by state support, with well over half the states promoting the concept, either as a distinct initiative or as a service delivery option among a broader school-related health services program. In 1996, states allocated $13.6 million of their Title V (Maternal and Child Health) block grant funds and $27.28 million in general funds to support the centers. One in two school-based health centers are supported with state-directed dollars.

School-based health centers are supported by a wide range of health professional organizations. These include the American Academy of Pediatrics, the American Medical Association, the Society for Adolescent Medicine, the American School Health Association, the American Nurses Association, the National Association of Pediatric Nurse Practitioners, the National Association of School Nurses and the National Association of State School Nurse Consultants.

For additional information, see:

Joy Dryfoos, *Full Service Schools: A revolution in health and social services for children, youth, and families.* Jossey-Bass, San Francisco, CA, 1994.

Julia Graham Lear, "School-Based Health Care," in *Comprehensive Adolescent Health Care*, Stanford Friedman, Martin Fisher, and Kenneth Schoenberg, editors. Quality Medical Publications, St. Louis, MO, rev.ed., 1996.

John J. Schlitt, et al., "State Initiatives to Support School-Based Health Centers: A national survey," *Journal of Adolescent Health*, 1995; 17:68-76.

See other listings in *Revised Select Bibliography*.

The School-Based Health Center Model

While comprehensive school-based health centers vary in staffing and patterns and services provided, they share some common features:

- They are located in schools.
- Parents sign written consents for their children to enroll in the health center.
- An advisory board of community representatives, parents, youth and family organizations participate in planning and oversight of the health center.
- The health center works cooperatively with school nurses, coaches, counselors, classroom teachers, and school principals and their staff to assure that the health center is an integral part of the life of the school.
- Clinical services are the responsiblity of a qualified health provider (hospital, health center, health department, group medical practice, etc.)
- A multidisciplinary team of nurse practitioners, clinical social workers, physicians, and other health professionals care for students.
- The health center provides a comprehensive range of services that specifically meets the serious health problems of young people in the community as well as provides general medical care.

The Texas Department of Health

School-Based Health Centers

Most frequent reasons for visits to school-based health centers (SBHC):

- Minor injuries
- Health maintenance exams (including EPSDT exams and sports physicals)
- Immunizations
- Ear infections
- Asthma
- Allergic ear, nose and throat problems
- Eye disorders
- Upper respiratory infections
- Lower respiratory infections
- Mental health concerns
- Attention deficit disorders (ADD)
- Urinary tact infections
- Skin rashes
- Obesity
- Dental cavities

"Health services need to be where students can trip over them. Adolescents do not carry appointment books, and school is the only place where they are required to spend their time"

Phillip Porter, M.D., Director
School-Based Adolescent Health Care Program
Robert Wood Johnson Foundation

A new concept for health care delivery?

As early as the 1970s, school-based health centers opened in high schools around the country. One of the first was located in Dallas, Texas. The number in Texas continues to rise and includes more then 25 school-based health center projects offering health care services to over 50,000 Texas children and adolescents. Of those projects, 16 currently receive funding from TDH to serve elementary, middle school, high school, and alternative school campuses.

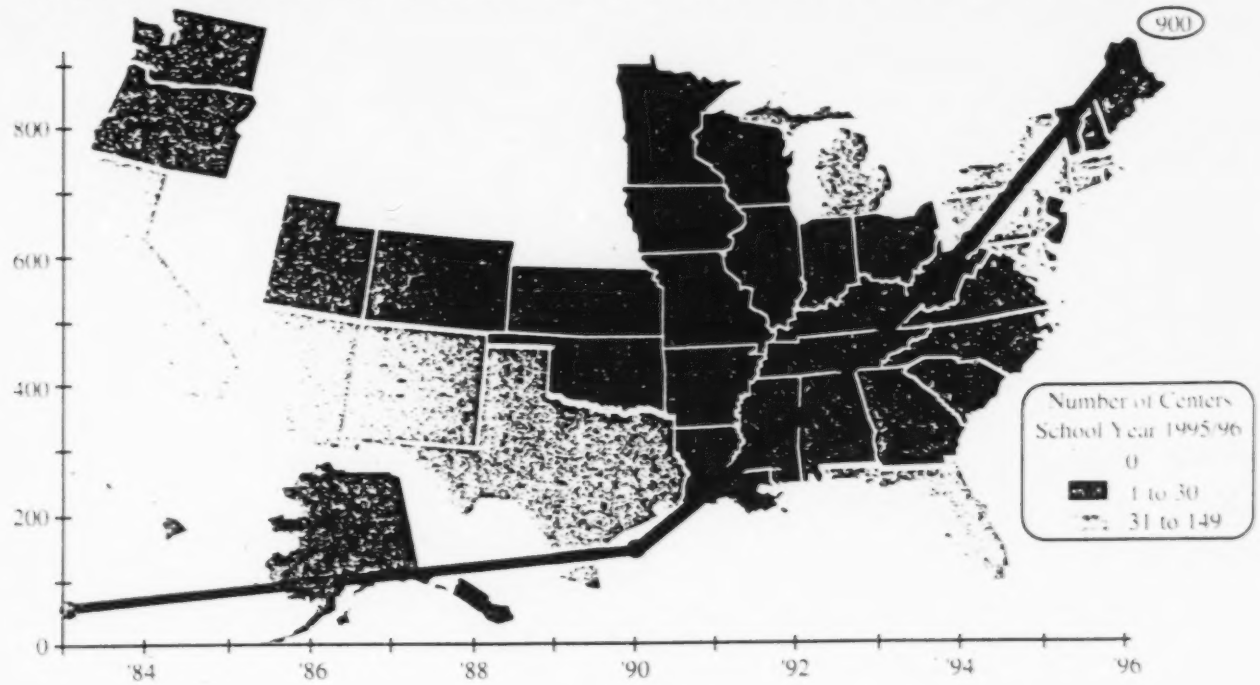
In 1993, through a competitive grant process, the TDH School Health Program began funding communities wishing to establish school-based health centers. Grant funding of up to $125,000 per year is provided for the start-up costs of each school-based health center project.

The Texas Department of Health wants to assure that every child in school has a health care home.

Why school-based health care?

A child cannot reach full educational potential unless he is physically and mentally healthy. Many

SCHOOL-BASED HEALTH CENTERS: Facts and Stats



SBHC Services

Percentage of centers providing services[3]

	%
Injury Treatment	96
Physicals	90
Family Planning Counseling	86
Medication Dispensed	83
Primary Care	83
Prescriptions	83
Immunizations	83
Pregnancy Testing	81
Sports Physicals	80
Laboratory Tests	79
Chronic Illness/Management	77

SBHC Staffing

Average full-time equivalents (FTEs)[3]

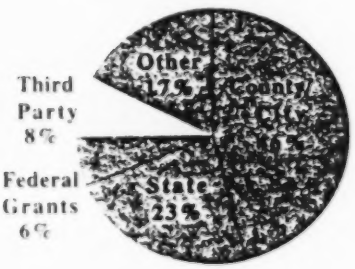
	FTE
Physician	0.1
Nurse Practit/Phys Asst	0.6
Substance Abuse	0.2
Mental Health	0.8
Health Educator	0.1
Clerk/Recept	0.5
Health Aide/Tech	0.5
Registered Nurse	0.5
Case Manager	0.1

Patient Visits by Primary Diagnosis

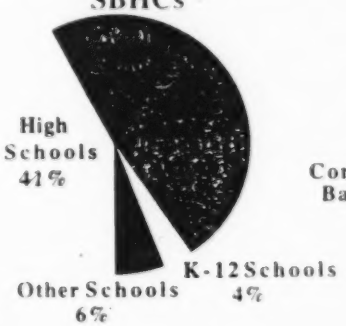
at six Colorado SBHCs[3]

Mental Hlth/Sub Abuse	37%
Health Supervision	27%
Respiratory	8%
Inj/Poison	6%
Symptoms	5%
Preg/Contracept	4%
Eye/Ear	3%
Skin	2%
Infections	2%
Other	6%

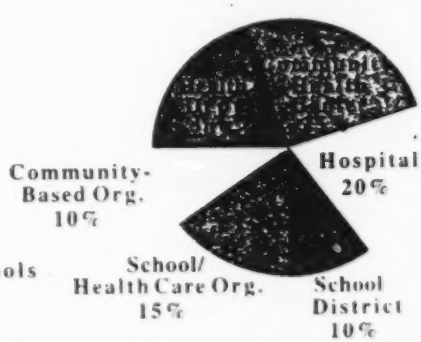
Financing SBHCs[4]



Types of Schools Housing SBHCs[5]



SBHC Sponsors[2]



1) Advocates for Youth, School-Based and School-Linked Health Centers Update 1994. 2) Making The Grade's survey of 40 local program sites. 3) Colorado School-Based Health Center Initiative July -December 1996. 4) Eleven multi-site SBHC programs in urban settings. "Key Issues Affecting School-Based Health Centers and Medicaid," *Journal of School Health*, March 1996. 5) Making The Grade's 1996 Survey of State School-Based Health Center Initiatives.

For additional information, contact Making the Grade • 1350 Connecticut Avenue NW, Washington, DC 20036 • 202/466-3396

Website: http://www.gwu.edu/~mtg

children suffer unrecognized health and psychological disorders because they lack access to health care. These children receive medical care only for major illness or injury. Consequently, chronic problems such as inadequate growth rate, asthma, ear infections, or childhood depression may not be addressed. Treatment for most health and psychosocial disorders is more successful and less costly if instituted early, but many children fail to receive preventive health services which provide early identification and intervention.

Why are some children in Texas not receiving the health care they need? Parents may be unable to leave work or arrange transportation to take the child for a checkup. The family may lack medical insurance. The insurance policy of working parents may not cover dependent children or may only provide for catastrophic illness. Parents may not know about early warning signs of poor health or about the importance of regular health evaluations for their children. A family may be unable to find a medical provider in their community who will accept Medicaid patients.

TDH wants to assure that every student has a "health care home" with a medical provider who knows the health history of the child and the family and is available to offer or arrange for care whenever needed.

Did you know...

Texas ranks first, ahead of all other states, in the percentage of children with no health insurance.

What is a school-based health center?

A school-based health center is a safe, easily accessible location on a school campus where students can go for comprehensive preventive and primary health care services.

Staff:

Each school health center is staffed by a multi-disciplinary team of health care professionals. The staff may include a physician/medical director, nurse practitioner or physician's assistant, registered nurse, school nurse, social worker, mental health worker, and clinic clerk. The school-based health center also has linkages with a hospital and/or other providers to accept referrals for complex health problems and to provide services to students during hours when the school health center is not open.

Services:

Most visits to the school-based health center are for services such as diagnosis and treatment of a simple illness or minor injury; immunizations; physical examinations, including sports physicals; preventive health visits, including EPSDT screening; and mental health and psychosocial counseling.

On-site health personnel and services enable many children with special health care needs to participate in the regular classroom. Students with chronic health problems (i.e., asthma and diabetes) are monitored and receive appropriate therapy that enables them to stay in school and prevents frequent and expensive hospitalizations. Other services that may be offered by school-based centers include dental screening and referral, provision of or referral to pregnancy testing and counseling, family planning services, and well-child care for children of students. Many school-based health centers also provide laboratory services and a phramacy on site.

Community support:

TDH-funded school-based health center programs are planned and organized by local community advisory groups to address the specific health problems of the children in the community. The advisory group is made up of parents, school administrators, school nurses, teachers, students, local health care

providers, religious leaders, business leaders, and representatives from youth and family service agencies. The advisory group makes decisions related to policies for operation of the program, identifies services to be provided, oversees the budget, and evaluates the effectiveness of the services. The school health center program is facilitated by collaboration between school health personnel and other health/social service providers and agencies in the community.

Parental involvement:

Parental involvement is an integral part of school-based health care. TDH-funded school-based health centers provide health care services to students under the age of 18 only with the written consent of the parent or guardian of the student, using a general consent form that identifies all of the available health services. Parents are strongly encouraged to visit the health center with their children when possible.

Success Story:

Maria had dropped out of school, despite being one of the brightest students at her high school. She almost certainly would have been eligible for a college scolarship. She stopped coming to school because she was embarrassed about her acne. The principal called and wrote Maria and asked her to visit the school-based health center. After being seen at the health center, Maria returned to school. Subsequent medical care has improved her appearance and attendance, and she has arranged to make up lost credit. She is expected to graduate in May and go to college on a scholarship.

A program tailored to the community

There is no single model for school-based health center programs in Texas. Because Texas is such a diverse state, each local school health advisory group must tailor their school health program to match the needs and resources unique to that community.

In some communities, the school-based health center is located on one campus and only serves the students of that school. In other communities, a school health center located on one campus may also serve other nearby feeder schools. Still another school health program may provide services on several campuses by using a traveling team of health care providers.

The local school health advisory group determines the population who is eligible to receive services from the school-based health center. Some communities choose to provide health care services not only to the students, but also to their siblings, other family members, other children in the school's catchment area, or other community members.

How are school-based health centers funded?

School-based health centers are generally funded through partnerships that may include the state, school districts, hospital districts, community health centers, universities, special grants, and private fund-raising efforts.

Staff salaries and benefits comprise the largest portion of the school health center's budget. Public and private grants, Medicaid billing, and fees collected for services provided generally pay for the staffing costs and medical and office supplies. Some staff salaries may be paid by the sponsoring local hospital or health agency. Clinic space, utilities, and janitorial services are usually an in-kind contribution by the school district.

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Prevention is the key!

School-based health centers are prevention-oriented. A sore throat or earache that is treated in an emergency room is very expensive when emergency room costs, lost productivity time for a working parent, and loss of daily attendance revenue for the school are considered. The cost of hospitalization for a preventable illness can average $1000 a day. Because many children can be treated at school for minor illness and injury, chronic illness, and special health care needs, daily attendance is increased--providing the school with maximum revenue.

What makes school-based health centers successful?

School-based health centers work because they are located where the kids are. The services are easily accessible, located in a familiar environment, and offered by teams of health care professionals who address a wide range of health care needs. Local control determines what will be offered in each school-based health center and how those services will be delivered. School-based health centers provide accessible, affordable health care services for a large number of previously underserved children and adolescents in Texas.

Success Story:

A 14-year-old Hispanic male with no insurance was brought to the school-based health center by his parent who was concerned about the son's weight loss. A health history and preliminary lab screens performed in the health center indicated diabetes. The student was referred for specialty care. The young man has since attended a summer camp for diabetics and is now successfully managing his own care. He is active in sports and is well adjusted and happy. The school-based health center provided early diagnosis before there was the trauma and resulting fears of an emergency situation, and continues to provide support and care to this student and his family.

What is the role of TDH in school-based health centers?

The role of the TDH School Health Program is not limited to simply funding school-based health centers. Helping communities assess the health care needs of their children and identifying potential local resources to address those needs are examples of the technical assistance the TDH staff offers to communities. Assistance in planning for staffing and clinic design and identification of additional funding sources are also provided by the School Health Program staff.

In addition to telephone and written communication with school-based health center projects funded by TDH, the School Health Program staff also makes on-site technical assistance and quality assurance visits. Data regarding services provided, types and numbers of visits, and fiscal matters are reported to TDH by each project's staff. Most importantly, funded projects are monitored for quality of care.

Each year, staff from TDH-funded school-based health centers are invited to Austin for a project meeting where they have the opportunity to learn the latest information about school-based health issues and share experiences in establishing and maintaining the health centers. A directory of all school-based/school-linked health centers in Texas has also helped to facilitate networking among the projects and other interested communities.

Maternal and Child Health Bureau Initiatives Supporting School-Based Health Centers

In a 1989 survey of State Title V MCH services offered to adolescents, it was learned that pregnancy- related services, including family planning, were provided in nearly all States; preventive care was provided in 45 States, and primary care and nutrition services were provided in 40 States. Twenty-four States reported in that same survey using Title V funds to support school health services, including 16 that funded school-based clinics, and 10 that funded school-linked services. By 1993, according to a survey by the Robert Wood Johnson Foundation, the number of States reporting school-based clinics supported by State Block Grant funds or State general funds had increased to 42; and the total of such school-based clinics was 606.

Since 1994, the MCHB and the Bureau of Primary Health Care (BPHC) have collaborated on Healthy Schools, Healthy Communities (HS,HC), a group of projects aimed at reducing the critical health problems of the school-age population, including children with special health care needs. HS,HC assists states in the development of full-service schools to meet the needs of communities through the provision of comprehensive, culturally competent, and integrated health, psychosocial, and education services for all children, adolescents, and their families. These projects are designed to improve accessibility and increase utilization of comprehensive health and health-related services that are geared to the developmental needs of school-age children.

Funded projects include 10 school health staff development grants to prepare health care providers and education personnel to work effectively in conducting comprehensive school health programs; service demonstration grants to develop community models to provide a comprehensive range of health and health-related services and to build community partnerships to implement the models; and health education/promotion demonstration grants to implement prevention and early intervention programs on such problems as violence, injury, smoking and other drug use, sexual activity, sexually transmitted diseases and HIV/AIDS, and delinquent behavior. The health education/promotion grants are directly linked to the service demonstration grants for school-based health centers and must complement the services of the funded school-based health centers.

For further information, please contact the chief, Child and Adolescent Health Branch, at (301) 443-4026.

MAKING THE GRADE INITIATIVE SUPPORTING SCHOOL-BASED HEALTH CENTERS

Making the Grade is a national grant program supported by the Robert Wood Johnson Foundation. Under this initiative, the foundation has made $17.5 million available to support state-community partnerships to establish comprehensive school-based health centers. The Program, announced in the spring of 1993, resulted in 12 states receiving planning grants; nine of these states subsequently received implementation grants. No additional grants will be awarded through this Program.

With support through the Making the Grade initiative, state governments are reducing organizational and financial barriers to school-based health care. Their community partners -- including parents, community leaders, health providers and schools -- are collaborating to establish comprehensive centers in two or more schools in one school district. Ultimately the funded communities will develop district-wide, integrated systems of school health services that link health centers, school nursing, mental health and special education-related services as part of an effective service delivery system for children. The functions and activities of the two partners are spelled out in the diagrams below.

For additional information, contact Making the Grade • 1350 Connecticut Avenue NW, Washington, DC 20036 • 202-466-3396.

General References that Include Discussion of School Based Health Centers

As an early step in accessing information and assistance on the above topic, the resources listed here are relatively basic and easy to access through libraries, by phone, or over the Internet. (If you're not yet connected to the Internet, hopefully you have access through work, a local library, or a friend.) Many local colleges or universities libraries allow noncampus members to use their services (sometime for a small fee). Also, many libraries have interlibrary loan programs.

A. Books, Book Chapters, and Guides

Comprehensive School-Based Health Centers: Implementing the Model
B. P. Guernsey & D. R. Pastore (1996). Adolescent Medicine: Health Care in Schools. In: *State of the Art Reviews, 7*, 181-196.

Increasing numbers of school health centers are being established nationwide as a means of easing access to and increasing utilization of primary health care services for high-risk youth. The multiple issues involved in establishing and maintaining a school-based health center are presented. The authors discuss the steps necessary to assess student needs and build community support, develop the plan for delivery of school-based primary care, implement the school-based health center model, and evaluate the health center program.

Research and Evaluation in School-Based Health Care
J. G. Dryfoos, C. Brindis, D. W. Kaplan (1996). Adolescent Medicine: Health Care in Schools. In: *State of the Art Reviews, 7*, 207-220.

With the rapid growth of school-based health centers has come a challenge to produce evidence that they are having an effect on the health and lives of the students they serve. The authors discuss the sources of data that are currently in place to assess the effects of school-based programs, present findings from these sources, address the problems of conducting research and evaluation in school settings, and present ideas about future data collection and research studies.

School-Based Youth Programs: Exemplary Models and Emerging Opportunities.
J. G. Dryfoos (1997) In: *Integrated services for children and families: Opportunities for psychological practice.* R. J. Illback, C. T. Cobb, H. M. Joseph, Jr. (Eds.) American Psychological Association, Washington, DC. p.23-52.

This chapter focuses on integrated school-based health and social services for adolescents in middle schools and high schools.

Health is Academic: A Guide to Coordinated School Health Programs (1998)
E. Marx, S. F Wooley, with D. Northrop (Eds.). New York, NY: Teachers College Press. *(346pp.)*.

This book discusses and examines various approaches to linking health and learning, implementing coordinated school health programs, comprehensive school health education, family and community involvement in school health, a healthy school environment, physical education, school counseling, psychological and social services, school health services, school nutrition services, school-site health promotion for staff, and the role of the state and national role in coordinated school health programs. Several chapters discuss the role of school-based health centers.

Mental Health in Schools: Promising Directions for Practice
L. Taylor & H. S. Adelman (1996). Adolescent Medicine: Health Care in Schools. In: *State of the Art Reviews, 7*, 303-318.

Discontent with the state-of-the-art of mental health services being provided in schools has led to fundamental shifts in thinking about these services. This article reviews existing programs and highlights emerging trends in school mental health services. The authors demonstrate how mental health programs are changing from narrowly focused to comprehensive, from fragmented to coordinated, from problem-specific to cross-disciplinary, and from being supplementary services in the school to essential components that enable learning.

Expanded School Mental Health Services: A National Movement in Progress
M. D. Weist (1997). In: T.H. Ollendick, & R.J. Prinz (Eds.) *Advances in Clinical Child Psychology, Volume 19.*. New York: Plenum Press. pp. 319-352.

This chapter reviews the current state of school mental health services. It describes the following: limitations in the mental health delivery system for youth; advantages of school-based programs; mental health services offered through special education; models for expanded school mental health services; and a discussion of critical issues.

***Mental Health and School-Based Health Centers* (1997)**
Center for Mental Health in Schools, UCLA. (See *A Few Selected Documents from Our Center and Clearinghouse* section for ordering information.)

This revised guidebook is virtually a completely new aid. The introductory overview focuses on where the mental health facets of school-based health centers (SBHCs) fit into the work of schools. This is followed by three modules. Module I addresses problems related to limited center resources (e.g., limited finances) and how to maximize resource use and effectiveness); Module II focuses on matters related to working with students (consent, confidentiality, problem identification, prereferral interventions, screening/assessment, referral, counseling, prevention/mental health education, responding to crises, management of care); Module III explores quality improvement, evaluating outcomes, and getting credit for all you do. Each module is organized into a set of units with many resource aids (sample forms and special exhibits, questionnaires, interviews, screening indicators) for use as part of the day-by-day SBHC operational focus on mental health and psychosocial concerns. A coda highlights ways to and benefits of weaving together all resources for addressing barriers to student learning into a comprehensive, integrated approach.

Full-Service Schools: A revolution in Health and Social Services for Children, Youth, and Families

J. G. Dryfoos. San Fransisco: Jossey-Bass. 1994.

This book describes the movement to create an array of integrated support services in schools that respond to the declining welfare of many American families and the rising "new morbidities" of sex, drugs, violence, and stress among youth. Increasingly, health, mental health, and social service agencies are locating their programs in schools, where they offer health screening, psychological counseling, drug prevention, parent education, and other important services. The author describes these programs and the services they provide, and she explains how they are organized, staffed, and funded. She builds a compelling case for broad public commitment to improving the social environments in disadvantaged communities.

School-based and School-Linked Health Centers: Update 1995

Advocates for Youth: Washington, DC: Advocates for Youth. 1994.

Update 1995 focuses exclusively on school-linked health centers, describing common characteristics, linkages between the centers and the schools, services and financing. Special sections feature six case studies of current school-linked centers.

Schools and Health: Our Nation's Investment

D. Allensworth, J. Wyche, E. Lawson & L. Nicholson (Eds.). Washington, DC: National Academy Press. 1997.

This document introduces the Comprehensive School Health Program. It discusses the development of it and the implementation. This document also gives the background and previous mental health in schools policies.

B. Journal Articles, Briefs and Reports

Managed Care and School-Based Health Centers

D. W. Kaplan, N. Calonge, B. Guernsey & M. Hanrahan (1998). *Arch. Pediatric Adolescent Medicine, 152*, 25-33.

This retrospective cohort study compared the use of health services for adolescent members of Kaiser Permanente of Colorado who had access to SBHCs with those members with no access. Adolescents with access were more than 10 times more likely to make a mental health or substance abuse visit. In addition adolescents with access had a lower visit rate for emergent care than did adolescents without access. Finally, adolescents with access had at least one comprehensive health supervision visit compared with 68.8 percent of adolescents without access.

School-Based Health Centers and Managed Care: Seven School-Based Health Center Programs Forge New Relationships

J.J. Schlitt, et al. (1996). The George Washington University, Suite 505, 1350 Connecticut Ave., NW, Washington, DC 20036; Phone: (202) 466-3396; Fax: (202) 466-3467.

This paper explores the issues affecting the relationships between school-based health centers and managed care plans and focuses on the experiences of seven school-based health center programs that have negotiated contracts with plans. It also examines the role of state governments in facilitating these negotiations.

Select School-Based Health Center Publications

K.D. Rickett, J.G., & J.J. Schlitt (1995). *Journal of Adolescent Health, 17*, 77-82

This is a bibliography of select school-based health center publications. Keywords: School-Based Health Clinics

School-Based Health Services for Urban Adolescents: Psychosocial Characteristics of Clinic Users vs. Nonusers

M. Weist, E.L. Proescher, A.H. Freedman, D. Paskewitz, & L. Flaherty (1995). *Journal of Youth and Adolescence, 24*, 251-265.

This article evaluates psychosocial differences between adolescent users and nonusers of an urban school-based health clinic, considering the influence of gender. Examination of differences indicated that nonusers were rated as more socially withdrawn by their peers than clinic users; otherwise, these two groups did not differ on psychosocial measures. Other related findings are discussed.

School-Based Clinic Use and School Performance

M. T. McCord, J. D. Klein, J. M. Foy, & K. Fothergill (1993). *Journal of Adolescent Health, 14*, 91-98.

This is a report on a study that examined the effect of a school-based clinic on academic success. It includes the effect of clinic registration and use on students' absence, suspension, withdrawal, and graduation or promotion rates in an alternative high school for students who were not able to succeed in traditional educational programs.

Costs of Interdisciplinary Practice in a School-Based Health Center

P. H. Walker, J. J. Baker, & P. Chiverton (1998). *Outcomes Management for Nursing Practice, 2*, 37-44.

This article examines the oucome variable of costs in a specific nursing practice setting. This article presents activity-based costing methodology and results of a cost study of primary care and mental health services privided by advanced practice nurses in a school-based health center.

A Study of a School-Based Clinic: Who Uses It and Who Doesn't?
H.S. Adelman, L.A. Barker, & P. Nelson (1993). *Journal of Clinical Child Psychology, 22*, 52-59.

This article reports data on differences between students who chose to become clients at a school-based clinic and those who did not.

State Initiatives to Support School-Based Health Centers: A National Survey
J. J. Schlitt, K. D. Rickett, L. L. Montgomery, & J.G. Lear (1995). *Journal of Adolescent Health, 17*, 68-75.

This survey discusses various state initiative and policies regarding school-based health centers.

Mental Health Facets of the School-Based Health Center Movement: Need and Opportunity for Research and Development
H.S. Adelman, & L. Taylor (1991). *Journal of Mental Health Administration, 18*, 272-283.

This article draws attention to the mental health facets of the school-based health center (SBHC) movement and underscores research and development needs and opportunities. Specifically highlighted are the need for conceptual and empirical work related to developing a mental health model for SBHCs that ensures they play a catalytic role in evolving comprehensive school-based interventions; the opportunity to increase understanding of the mental health status and help-seeking attitudes and behavior of understudied populations; and the opportunity SBHCs provide for pursuing fundamental intervention concerns.

Bridging the Gap Between Service Need and Service Utilization: A School-Based Mental Health Program
P. Armbruster, H. Gerstein, & T. Fallon (1997). *Community Mental Health Journal, 33*, 199-211.

This article attempts to bridge the gap between service need and service utilization, an urban-based, university affiliated children's psychiatric outpatient clinic has implemented a program which provides mental health services in inner city school. Findings suggest that school-based mental health services have the potential for bridging the gap between need and utilization by reaching disadvantaged children who would otherwise not have access to these services. Implications for such services are discussed.

The Development of School Based Mental Health Services in Baltimore
Y. Han, B. Rosenthal, & M. D. Weist (1998). Center for School Mental Health Assistance. Toll free (888) 706-0980.

This article discusses the current national movement underway to develop increasing numbers of expanded school mental health programs in diverse communities in the U.S. This movement has largely been a response to increasing recognition of limitations of community mental health centers and other private practitioners in meeting young people's mental health needs.

School-Based Health Centers and Managed Care
M. Guiden (1998). *State Legislative Report, Vol. 23*, National Conference of State Legislatures. Denver, Colorado.

This report examines school-based health centers and their ability to address the problem of uninsured children.

Medical Clinics in Junior High Schools: Changing the Model to Meet Demands
J. G. Dryfoos (1994). *Journal of Adolescent Health, 15*, 549-557.

Examines a 7-yr program of medical, mental health, and social services in 4 inner-city junior high school-based clinics through a review of records, reports, and foundation proposals. Primary health screening, mental health services, and pregnancy prevention were identified among the critical needs in this community. Findings suggest that strategies for urban junior high schools must be broad and encompass medical and mental health service. group counseling, life planning, and career orientation, along with enhancement of the total school and learning environment.

School-Based Clinics: A Response to the Physical and Mental Health Needs of Adolescents
R. D. Harold, N. B. Harold (1993). *Health & Social Work, 18*, 65-74.

This article examines the population using high school-based clinics and the physical, emotional, and mental health issues these students brought with them. Results document the use of the clinic for multiple issues and provide support for the clinical impressions of the staff that students, despite their states reason for visiting the clinic, were equally likely to have other physical and mental health problems.

School-Based Mental Health Services in the United States: History, Current Models and Needs
L. Flaherty, M. D. Weist, B. S. Werner (1996). *Community Mental Health Journal, 32*, 341-352.

This article examines the development of health and mental health services in schools and compares various models of service delivery, such as school-based clinics and other school mental health programs.

School-Based Programs to Reduce Sexual Risk-Taking Behavior
D. Kirby, K. Coyle (1997). *Children & Youth Services review, 19*, 415-436.

This paper summarized the effects of programs dealing with sexual and contraceptive behaviors.

Making the Grade: State and Local Partnerships to Establish School-Based Health Centers
In ACCESS to Comprensive School Based Health Services for Children and Youth. The Newsletter for Making the Grade. The George Washington University, Suite 505, 1350 Connecticut Avenue, N.W. Washington, DC 20036. Phone: 202-466-3396, Fax: 202-466-3467

This directory lists the states and local partnerships to establish school-based health centers. Making the Grade program promotes the increased availability of school-based health services for children and youth with unmet health care needs.

Other Journal Articles:

Do School-Based Health Centers Improve Adolescents' Access to Health Care, Health Status, and Risk-Taking Behavior?
E. E. Kisker, & R. S. Brown (1996). *Journal of Adolescent Health, 18* (5), 335-343.

Full Service Schools: Revolution or Fad?
J. G. Dryfoos (1995). *Journal of Research on Adolescence, 5*, 147-172.

Bringing Parents Into School Clinics: Parent Attitudes Toward School Clinics and Contraception
J. Santelli, M. Alexander, M. Farmer, P. Papa, & Others (1992). *Journal of Adolescent Health, 13*, 269-274.

The Impact of Health Insurance Status on Adolescents' Utilization of School-Based Clinic Services: Implications for Health Care Reform
C. Brindis, C. Kapphahn, V. McCarter, & A. L. Wolfe (1995). *Journal of Adolescent Health, 16*, 18-25.

Student Attitudes Toward School-Based Health Centers
J. Santelli, A. Kouzis, & S. Newcomer (1996). *Journal of Adolescent Health, 18*, 349-356.

Comprehensive, School-Based Health Care: High School Students' Use of Medical, Mental Health, and Substance Abuse Services
T. M. Anglin, K. E. Naylor, & D. W. Kaplan (1996). *Pediatrics, 97*, 318-330.

School-Based Primary Care in a Managed Care Environment: Options and Issues
C. Brellochs, D. Zimmerman, T. Zink & A. English (1996). *Adolescent Medicine, 7*, 197-206.

Schools as Places for Health, Mental Health, and Social Services
J. G. Dryfoos (1993). *Teachers College Record, 94*, 540-567.

School-Based Programs to Reduce Sexual Risk Behaviors: A Review of Effectiveness
D. Kirby, L. Short, J. Collins, D. Rugg, L. Kolbe, M Howard, B. Miller, F Sonenstein, & L. S. Zabin (1994). *Public Health Reports, 109*, 339-360.

School Health Centers and Primary Care for Adolescents: A Review of the Literature
J. Santelli, M. Morreale, A. Wigton, & H. Grason (1996). *Journal of Adolescent Health, 8*, 357-366.

Clinical Psychology: Beyond Psychopathology and Clinical Interventions
H. S. Adelman (1995). *Clinical Psychology: Science and Practive, 2*, 28-44.

Addressing Barriers to Learning: Beyond School-Linked Services and Full Service Schools
H. S. Adelman & L. Taylor (1997). *American Journal of Orthopsychiatry, 67*, 408-421.

A Few Selected Documents from Our Center and Clearinghouse

Our Clearinghouse has information on a variety of topics relevant to mental health in schools specifically and addressing barriers to learning in general. We have collected resources from across the country. Most of what we have gathered is still in its original form (e.g., guides, resource aids, instruments, articles, fact sheets, reports, etc.). Over time, we are integrating some of the material into specially developed Introductory, Resource Aid, and Technical Aid Packets. The attached list highlights additional items from our current holdings. For material that is still in its original form, you probably will want to directly contact the source. However, if this is not feasible, feel free to contact us.

To access materials prepared by our Center, you can order directly by contacting us: (phone) 310/825-3634; (fax) 310/206-8716; or (email) smhp@ucla.edu. You may also download some of these documents from our website: http://smhp.psych.ucla.edu/

A. Related Materials Prepared by Our Center

Guidebooks

Mental Health and School-Based Health Centers (1997)

This revised guidebook is virtually a completely new aid. The introductory overview focuses on where the mental health facets of school-based health centers (SBHCs) fit into the work of schools. This is followed by three modules. Module I addresses problems related to limited center resources (e.g., limited finances) and how to maximize resource use and effectiveness); Module II focuses on matters related to working with students (consent, confidentiality, problem identification, prereferral interventions, screening/assessment, referral, counseling, prevention/mental health education, responding to crises, management of care); Module III explores quality improvement, evaluating outcomes, and getting credit for all you do. Each module is organized into a set of units with many resource aids (sample forms and special exhibits, questionnaires, interviews, screening indicators) for use as part of the day-by-day SBHC operational focus on mental health and psychosocial concerns. A coda highlights ways to and benefits of weaving together all resources for addressing barriers to student learning into a comprehensive, integrated approach.

Mental Health in Schools: New Roles for School Nurses (1997)

This guidebook consists of three units to assist school nurses in addressing psychosocial and mental health problems seen as barriers to students' learning and performance. A subset of the nursing material will appear in video/manual self-study format produced by National Association of School Nurses with the support of the Robert Wood Johnson Foundation and National Education Association.

Addressing Barriers to Learning: New Directions for Mental Health in Schools (1997)

This guidebook consists of three units to assist mental health practitioners in addressing psychosocial and mental health problems seen as barriers to students' learning and performance. Includes procedures and guidelines on issues such as initial problem identification, screening/assessment, client consultation & referral, triage, initial and ongoing case monitoring, mental health education, psychosocial guidance, support, counseling, consent, and confidentiality.

Some Introductory Materials on Key Operational Topics

- ***Financial Strategies to Aid in Addressing Barriers to Learning***

This introductory packet is designed as an aid in conceptualizing financing efforts, identifying sources, and understanding strategies related to needed reforms.

- ***Evaluation and Accountability: Getting Credit for All You Do!***

This introductory packet emphasizes evaluation as a tool to improve quality and to document outcomes. Focuses on measuring impact on students, families and communities, and programs and systems.

- ***Evaluation and Accountability Related to Mental Health in Schools***

This technical assistance sampler includes information on diverse resources dealing with issues that arise in relation to evaluation and accountablity for mental health services in schools (e.g., such topics as conceptual models, cost analysis, methodology, outcome measures, quality indicators, evaluation guidelines and standards).

- ***Working Together: From School-Based Collaborative Teams to School-Community-Higher Education Connections***

This introductory packet discusses the processes and problems related to working together at school sites and in school-based centers. Outlines models of collaborative school-based teams and interprofessional education programs.

- ***Confidentiality and Informed Consent***

This introductory packet focuses on issues related to confidentiality and consent of minors in human services and interagency collaborations. Also includes sample consent forms.

- ***School-Based Client Consultation, Referral, and Management of Care***

  This introductory packet discusses why it is important to approach student clients as consumers and to think in terms of managing *care*, not *cases*. Outlines processes related to problem identification, triage, assessment and client consultation, referral, and management of care. Provides discussion of prereferral intervention and referral as a multifaceted intervention. Clarifies the nature of ongoing management of care and the necessity of establishing mechanisms to enhance systems of care. Examples of tools to aid in all these processes are included.

- ***Understanding and Minimizing Staff Burnout***

  This introductory packet addresses various sources and issues of burnout and compassion fatigue among school staff and mental health professionals. Also identifies ways to reduce environmental stressors, increase personal capability, and enhance social support to prevent burnout.

- ***Addressing Barriers to Learning: A Set of Surveys to Map What a School Has and What It Needs***

  Surveys are provided covering six program areas and related system needs that constitute a comprehensive, integrated approach to addressing barriers and thus enabling learning. The six program areas are (1) classroom-focused enabling, (2) crisis assistance and prevention, (3) support for transitions, (4) home involvement in schooling, (5) student and family assistance programs and services, and (6) community outreach for involvement and support (including volunteers).

Some Resources to Help Address Specific Program Concerns

- ***Violence Prevention and Safe Schools***

  This introductory packet outlines selected violence prevention curricula and school programs and school-community partnerships for safe schools. Emphasizes both policy and practice.

- ***Parent and Home Involvement in Schools***

  This introductory packet provides an overview of how home involvement is conceptualized and outlines current models and basic resources. Issues of special interest to under-served families are addressed.

- ***Assessing to Address Barriers to Learning***

  This introductory packet discusses basic principles, concepts, issues, and concerns related to assessment of various barriers to student learning. It also includes resource aids on procedures and instruments to measure psychosocial, as well as environmental barriers to learning.

- ***Cultural Concerns in Addressing Barriers to Learning***

  This introductory packet highlights concepts, issues and implications of multiculturalism/cultural competence in the delivery of educational and mental health services, as well as for staff development and system change. This packet also includes resource aids on how to better address cultural and racial diversity in serving children and adolescents.

- ***Learning Problems and Learning Disabilities***

  This introductory packet identifies learning disabilities as one highly circumscribed group of learning problems, and outlines approaches to address the full range of problems.

- ***Teen Pregnancy Prevention and Support***

  This introductory packet covers model programs and resources and offers an overview framework for devising policy and practice.

- ***Screening/Assessing Students: Indicators and Tools***

  This resource aid is designed to provide some resources relevant to screening students experiencing problems. In particular, this packet includes a perspective for understanding the screening process and aids for initial problem identification and screening of several major psychosocial problems.

- ***Responding to Crisis at a School***

  This resource aid provides a set of guides and handouts for use in crisis planning and as aids for training staff to respond effectively. Contains materials to guide the organization and initial training of a school-based crisis team, as well as materials for use in ongoing training and as information handouts for staff, students, and parents.

- ***Students and Psychotropic Medication: The School's Role***

  This resource aid underscores the need to work with prescribers in ways that safeguard the student and the school. Contains aids related to safeguards and for providing the student, family, and staff with appropriate information on the effects and monitoring of various psychopharmacological drugs used to treat child and adolescent psycho-behavioral problems.

- ***Substance Abuse***

  This resource aid offers some guides to provide schools with basic information on widely abused drugs and indicators of substance abuse. Includes some assessment tools and reference to prevention resources.

- ***Technical Aid Packet: School-Based Mutual Support Groups (For Parents, Staff, and Older Students)***

  This aid focuses on steps and-tasks related to establishing mutual support groups in a school setting. A sequential approach is described that involves (1) working within the school to get started, (2) recruiting members, (3) training them on how to run their own meetings, and (4) offering off-site consultation as requested. The specific focus here is on parents; however, the procedures are readily adaptable for use with others, such as older students and staff.

CONTINUING EDUCATION MODULE

- ***Addressing Barriers to Learning: New Directions for Mental Health in Schools***

  This module consists of three units to assist mental health practitioners in addressing psychosocial and mental health problems seen as barriers to students' learning and performance. Includes procedures and guidelines on issues such as initial problem identification, screening/assessment, client consultation & referral, triage, initial and ongoing case monitoring, mental health education, psychosocial guidance, support, counseling, consent, and confidentiality.

B. State and National Documents Relevant to School-Based Health Centers

Vermont Making the Grade: State and Local Partnerships to Establish School-Based Health Centers (1994)

Source: Vermont Agency of Human Services

The proposal was submitted to the Robert Wood Johnson Foundation's Making the Grade Program to establish and facilitate continued operation of school-based health centers in Vermont.

Clearinghouse Number: 2312-13

Baltimore Public Schools: School-Based Wellness Centers (1996)

Source: Baltimore Public Schools. Office of Third Party Billing, Baltimore County Public Schools, Department of Students Services, 6901 Charles Street, Towson, MD 21204.

This informational packet describes the school-based health centers in Baltimore County--their goals, services, location, staffing, revenue sources, and sample forms.

Clearinghouse Number: 2312-15

Ingredients for Success: Comprehensive School-Based Health Centers

C. Brellochs and K. Fothergill in collaboration with participants of the National Work Group Meetings (1993)

Source: The School Health Policy Initiative, Montefiore Medical Center, Albert Einstein College of Medicine, Department of Pediatrics, Division of Adolescent Medicine, 111 East 210th Street, Bronx, NY 10467-2490 Phone: (718) 515-5601

The agenda of the School Health Policy Initiative builds on the work of the work groups and focuses on the following issues: improving the availability and quality of mental and public health services through better integration of school and health center personnel and programs; structuring school-based health centers with the capacity to meet selected needs of students with special needs; and ensuring the viability of school-based health centers in health care reform implementation.

Clearinghouse Number: 2312-41

A Special Report on the 1995 National Work Group Meetings: School Health Policy Initiative (1996)

Source: A Partnership for Quality and Access: School-Based Health Centers and Health Plans. A special report from the School Health Policy Initiative, Division of Adolescent Medicine, Dept. of Pediatrics, Montefiore Medical Center, 111 East 210th Street, Bronx, New York 10456-2490; Phone: (718) 654-4190; Fax: (718) 653-1807.

This is a special report on the 1995 National Work Group meetings in which the goal of the School Health Policy Initiative was outlined and discussed. This Initiative seeks to develop a role for school-based health centers in organized delivery systems and to formulate and promote policies that make them permanent resources in elementary, middle, and high schools.

Clearinghouse Number: 2312-24

The National Assembly on School-Based Health Care: Missions and Goals (1995)

Source: The National Assembly on School-Based Health Care, 6728 Old McLean Village Drive, McLean, VA 22101-3906; Phone: (703) 556-0411, Fax: (703) 556-8729.

This sample packet includes an overview on the assembly's missions and goals, as well as membership requirements and a list of the executive council.

Clearinghouse Number: 2312-3

School-Based Health Centers (SBHCs): A Community Approach for Improving the Health and Academic Readiness of Colorado Children (1994)

Source: Colorado Department of Public Health and Environment. Bruce P. Guernsey, Colorado School-Based Health Center Initiative, Colorado Department of Public Health and Environment 4300 Cherry Creek Drive South, Denver, CO, 80222-1530. Phone: (303) 692-2377.

This brochure addresses the concerns of Colorado's children and youth and lists solutions to the problems that these children face. One main solution is to create school-based health centers. This brochure includes a list of services and benefits provided by school-based health centers.

Clearinghouse Number: 2312-37

Adolescent School Health Initiative: Louisiana School-Based Health Centers (1996)

Source: Louisiana's Office of Public Health

This report is about the Louisiana School-Based Health Center program which is an effort to bring knowledge about wellness, and actual preventive and primary health services to teenagers in the most direct, cost-efficient manner possible.

Number: 2312-23

Health Care: School-Based Health Centers Can Expand Access for Children U.S. General Accounting Office (1994)

Source: Mark V. Nadel, National and Public Health Issues, United States General Accounting Office, Washington, DC 20548; Phone: (202) 512-7119.

This is a report to the chairman of Committee on Government Operations in the U.S. House of Representatives. It reviews the role of school-based health centers in expanding children's access to health care and the financial and other obstacles school centers must overcome in order to launch and maintain their services.

Clearinghouse Number: 2312-27

C. Guides, Reports and other Printed Resources

1. School-Based Health Centers: Information, Issues and Solutions

School-based Services and Adolescent Health: Past, Present, and Future
J. G. Lear (1995).

The George Washington University

This report looks at the past, present, and future of school-based services and adolescent health.

Clearinghouse Number: 2312-4

Making the Grade's Up-Dated Mental Health Bibliography (1997)

Source: Making the Grade, 1350 Connecticut Ave., NW, Washington DC 20036; Phone: (202) 466-3396; Fax: (202) 466-3467.

This bibliography contains a list of names that contributed to a mental health literature organized by Making the Grade.

Clearinghouse Number: 2312-34

School-Based and School-Linked Health Centers (1996)

Source: Brochures published by Advocates for Youth, 1025 Vermont Ave., NW, Suite 200, Washington, DC 20005.

This packet of brochures, published by the Advocates for Youth, provides information, education, and advocacy to youth-serving agencies and professionals, policy makers, and media. The main objective is to increase opportunities for and abilities of youth to make healthy decisions about sexuality.

Clearinghouse Number: 2312-18

Focus On: School-Based Health Centers (1995)

Source: School Health Resource Services, Office of School Health, University of Colorado Health Sciences Center, 4200 E. 9th Avenue/Box C287, Denver, Colorado 80262; Phone: (303) 270-5990.

This report/informational packet from the School Health Resource Services includes a variety of information about the school-based student health centers (SBSHC). This program operates in schools to bring primary health care services to students who have difficulty accessing the established health care system. This file has brochures, resource materials, a bibliography, and more.

Clearinghouse Number: 2312-12

Access to Comprehensive School-Based Health Services for Children and Youth

Source: Newsletter (Summer 1995). Making the Grade, The George Washington University, Suite 505, 1350 Connecticut Ave., NW, Washington, DC 20036; Phone: (202) 466-3396; Fax: (202) 466-3467.

This Newsletter highlights relevant news about comprehensive school-based health services for children and youth. Included in this issue is an article entitled School-Based Health Care Advocates Speak Against Violence and Making a Case for Case Management.

Clearinghouse Number: 2312-10

The Evolution of Financing: One School Health Center's Success Story (1996)

Source: National Health & Education Consortium, c/o Institute for Educational Leadership, 1001 Connecticut Avenue, NW, Suite 310, Washington, DC 20036

This report reviews the financial history of Commerce City Community Health Services (CHS). The report also highlights two lessons for all school health center planners or managers: (1) from the beginning, staff must consider how they will ensure the center's continuation, and (2) a varied base of financial support is key to sustainability and growth of services.

Clearinghouse Number: 2312-32

2. Designing and Implementing School-Based Health Centers

School-Based Health Clinics: A Guide to Implementing Programs (1986)

Source: Support Center for School-Based Clinics. The Center for Population Options, 1012 14th Street, NW, Suite 1200, Washington DC 20005; Phone: (202) 347-5700. Support Center for School-Based Clinics/CPO, 5650 Kirby, Suite 148, Houston, TX 77005; Phone: (713) 664-7400.

This report in a binder contains information on starting school-based health clinics and the procedures for running them.

Clearinghouse Number: 2312-7

Where the Kids Are: How to Work with Schools to Create Elementary School-Based Health Centers (1995)

Source: National Health & Education Consortium, c/o Institute for Educational Leadership, 1001 Connecticut Avenue, NW, Suite 310, Washington, DC 20036

This document provides a definition of school-based health centers; articulates the rationale for starting them at the elementary school level; describes the national, state and local educational systems in the U.S.; lists appropriate contacts for further information; and addresses federal goals regarding health/educational linkages.

Clearinghouse Number: 2312-45

A Guide to School-Based and School-Linked Health Centers Vol. 1: Advocating for a School-Based or School-Linked Health Center
D. Hauser (1995)

Source: Advocates For Youth, Suite 200, 1025 Vermont Ave., NW, Washington, DC 20005.

This guide is a resource for advocates at the community level who wish to nurture support for school-based health centers. Advises on strategic planning, necessary tools, and how to minimize opponents' controversy.

Clearinghouse Number: 2312-38

A Guide to School-Based and School-Linked Health Centers Vol. II: Designing and Implementing School-Based and School-Linked Health Centers
D. Hauser (1993)

Source: Advocates For Youth, Suite 200, 1025 Vermont Ave., NW, Washington, DC 20005.

This guide provides suggestions on designing and implementing school-based and school-linked heath centers, including needs assessment, selecting a site, and developing a budget.

Clearinghouse Number: 2312-39

A Guide to School-Based and School-Linked Health Centers Vol. IV: Assessing and Evaluating School Health Centers (1995)

Source: Advocates for Youth. Advocates For Youth, Suite 200, 1025 Vermont Ave., NW, Washington, DC 20005.

This guide provides basic information on research and assessment evaluation as well as tools and different methods used to carry them out in school-based health centers.

Clearinghouse Number: 2312-40

A Guide to School-Based and School-Linked Health Centers Vol. V: Introduction to Legal Issues (1995)

Source: Advocates for Youth. Advocates For Youth, Suite 200, 1025 Vermont Ave., NW, Washington, DC 20005.

This document presents the legal issues that most concerns SBHCs/SLHCs-namely consent, confidentiality, liability, and funding-in a format that is accessible to non-lawyers. This document defines the legal terminology and introduces examples of federal and state statutes controlling the various aspects of SBHC/SLHC practice. It also discusses the rationale behind these laws, and what this legal reasoning means for a center.

Clearinghouse Number: 2312-43

School-Based Mental Health Programs (1997)

Source: Center for School Mental Health and School Health Resource Services. School Health Resource Services, 4200 E. 9th Avenue/Box C287, Denver, CO 80262; Phone: (800) 669-9954.

This is a resource packet that contains various articles and documents that give information about the Center for School Mental Health and School Health Resources Services. It includes newsletters as well as reports on current projects.

Clearinghouse Number: 2312-48

Guidelines for School-based Clinics (1988)

Source: Support Center For School-Based Clinics/CPO, 5650 Kirby Drive, Suite 203, Houston, Texas, 77005-2443; Phone: (713) 664-7400.

This document is designed as a framework for individual communities to use in developing guidelines for the operation of local school-based clinic programs. These guidelines were developed by the Support Center for School-Based Clinics/ Center for Population Options. The suggested requirements enumerated here describe those elements that have proved essential for the effective operation of existing SBCs.

Clearinghouse Number: 2312-25

Principles for School-Based Health Centers (1996)

Source: Montefiore Medical Center, Albert Einstein College of Medicine, Department of Pediatrics, Division of Adolescent Medicine, 111 East 210th Street, Bronx, NY 10467-2490 To obtain document, call (718) 515-5601.

This one-page document lists eleven principles for school-based health centers.

Clearinghouse Number: 2312-22

3. Model Programs and Future Directions of School-Based Health Centers

Neglected Opportunity: School-based Services and Children's Health
J.G. Lear (1995).

Source: George Washington University

This paper examines the expectations of and changes in school health programs, which have been around for about 100 years. It concludes with a rethinking of the place of school health programs.

Clearinghouse Number: 2312-28

Joining Hands (1995)

Source: J. Schlitt. National Assembly on School-Based Health Care, 6728 Old McLean Village Drive, McLean, Virginia 22101; Phone: (703) 556-0411; Fax: (703) 556-8729.

This is the newsletter from the National Assembly on School-Based Health Care which is an organization for school-based health center providers, advocates, and friends. This issue pays particular attention to organizational structure and operations of this organization.

Clearinghouse Number: 2312-14

A Template of Essential & Optional Services of Comprhensive School-Based Health Centers

HIGH SCHOOL SERVICES	ESSENTIAL	OPTIONAL (Preferred)	OPTIONAL (As needed)
MEDICAL SERVICES			
Comprehensive medical and psychosocial histories	◆		
Immunizations	◆		
Comprehensive physical examinations per EPSDT guidelines	◆		
Developmental assessment	◆		
Assessment of educational, achievement, and attendance problems	◆		
Vision screening	◆		
Hearing screening	◆		
Dental assessment	◆		
Referral for dental care	◆		
Dental care		◆	
Diagnosis and treatment of minor medical problems	◆		
Diagnosis and treatment of acute medical problems	◆		
Management of chronic medical problems	◆		
Prescription of medications for minor medical problems	◆		
Prescription of medications for acute medical problems	◆		
Prescription of medications for chronic medical problems	◆		
Dispensing of medications for minor medical problems	◆		
Dispensing of medications for acute medical problems	◆		
Dispensing of medications for chronic medical problems			◆
Laboratory testing	◆		
Referral to medical specialty services	◆		
Twenty-four hour coverage	◆		
Gynecological/Urological care	◆		
Family planning	◆		
Family planning referrals	◆		
Prescriptions for contraceptives	◆		
Dispensing of contraceptives		◆	
Referrals for contraceptive prescriptions	◆		
Condom availability	◆		

This document is an excerpt from: Ingredients for Success: Comprehensive School-Based Health Centers. A Special Report on the 1993 National Work Group Meetings. The School Health Policy Initiative, Montefiore Medical Center, Albert Einstein College of Medicine, Dept. of Pediatrics, Division of Adolescent Medicine, 111 East 210th Street, Bronx, NY 10467-2490, Phone: 718-515-5601

HIGH SCHOOL SERVICES	ESSENTIAL	OPTIONAL (Preferred)	OPTIONAL (As needed)
Pregnancy testing	◆		
Pregnancy testing referrals	◆		
Options counseling	◆		
On-site prenatal care		◆	
Prenatal care referrals	◆		
Well child care of students' children			◆
Referrals to well child care	◆		
On-site STD treatment	◆		
Referral for STD treatment	◆		
HIV testing and counseling	◆		
Referral to HIV pre/post test counseling	◆		
On-site HIV/AIDS treatment		◆	
Referral for HIV/AIDS treatment	◆		
Case management	◆		
HEALTH EDUCATION/PROMOTION			
One-on-one patient education	◆		
Group/targeted education at SBHC	◆		
Sample topics:			
Smoking cessation			
Teen parenting classes			
Weight reduction seminars			
Family and community health education	◆		
Supplemental classroom presentations & resource support for comprehensive health education	◆		
Sample topics as appropriate:			
STD/HIV/AIDS education			
Pregnancy prevention			
Drug use prevention			
Intentional & unintentional injury prevention			
Chronic conditions (e.g. asthma)			
General parenting skills			
MENTAL HEALTH SERVICES			
Individual mental health assessment, treatment, and follow-up, including:	◆		
Physical/sexual abuse i.d. & referral	◆		
Substance abuse assessment	◆		
Substance abuse counseling	◆		
Substance abuse referrals	◆		
Group and family counseling	◆		

HIGH SCHOOL SERVICES	ESSENTIAL	OPTIONAL (Preferred)	OPTIONAL (As needed)
Crisis intervention	◆		
Mental health referrals	◆		
SOCIAL SERVICES			
Social service assessment	◆		
Referrals to and follow-up with social service and other agencies for: Basic needs (e.g. food, shelter, clothing) Employment services Legal services Public assistance (e.g. AFDC, Medicaid)	◆		
Case management	◆		
On-site provision of services (e.g. food pantry)			◆
Transportation			◆

MIDDLE SCHOOL SERVICES	ESSENTIAL	OPTIONAL (Preferred)	OPTIONAL (As needed)
MEDICAL SERVICES			
Comprehensive medical and psychosocial histories	◆		
Immunizations	◆		
Comprehensive physical examinations per EPSDT guidelines	◆		
Developmental assessment	◆		
Assessment of educational, achievement, and attendance problems	◆		
Vision screening	◆		
Hearing screening	◆		
Dental assessment	◆		
Referral for dental care	◆		
Dental care		◆	
Diagnosis and treatment of minor medical problems	◆		
Diagnosis and treatment of acute medical problems	◆		
Management of chronic medical problems	◆		
Prescription of medications for minor medical problems	◆		
Prescription of medications for acute medical problems	◆		
Prescription of medications for chronic medical problems	◆		
Dispensing of medications for minor medical problems	◆		

HIGH SCHOOL SERVICES	ESSENTIAL	OPTIONAL (Preferred)	OPTIONAL (As needed)
Dispensing of medications for acute medical problems	◆		
Dispensing of medications for chronic medical problems		◆	
Laboratory testing	◆		
Referral to medical specialty services	◆		
Twenty-four hour coverage	◆		
Gynecological/Urological care	◆		
Family planning	◆		
Family planning referrals	◆		
Prescriptions for contraceptives	◆		
Dispensing of contraceptives		◆	
Referrals for contraceptive prescriptions	◆		
Condom availability		◆	
Pregnancy testing	◆		
Pregnancy testing referrals	◆		
Options counseling	◆		
Prenatal care		◆	
Prenatal care referrals	◆		
Well child care of students' children		◆	
Referrals to well child care	◆		
On-site STD treatment	◆		
Referral for STD treatment	◆		
HIV testing and counseling		◆	
Referral to HIV pre/post test counseling	◆		
On-site HIV/AIDS treatment		◆	
Referral for HIV/AIDS treatment	◆		
Case management	◆		
HEALTH EDUCATION/PROMOTION			
One-on-one patient education	◆		
Group/targeted education at SBHC Sample topics: Smoking cessation Teen parenting classes Weight reduction seminars	◆		
Family and community health education	◆		
Supplemental classroom presentations & resource support for comprehensive health education Sample topics as appropriate: STD/HIV/AIDS education	◆		

MIDDLE SCHOOL SERVICES	ESSENTIAL	OPTIONAL (Preferred)	OPTIONAL (As needed)
Pregnancy prevention			
Drug use prevention			
Intentional & unintentional injury prevention			
Chronic conditions (e.g. asthma)			
General parenting skills			
MENTAL HEALTH SERVICES			
Individual mental health assessment, treatment, and follow-up, including:	◆		
Physical/sexual abuse identification & referral	◆		
Physical/sexual abuse counseling	◆		
Substance abuse assessment	◆		
Substance abuse counseling	◆		
Substance abuse referrals	◆		
Group and family counseling	◆		
Crisis intervention	◆		
Mental health referrals	◆		
SOCIAL SERVICES			
Social service assessment	◆		
Referrals to and follow-up with social service and other agencies for:	◆		
Basic needs (e.g. food, shelter, clothing)			
Employment services			
Legal services			
Public assistance (e.g. AFDC, Medicaid)			
Case management	◆		
On-site provision of services (e.g. food pantry)			◆
Transportation			◆

ELEMENTARY SCHOOL SERVICES	ESSENTIAL	OPTIONAL (Preferred)	OPTIONAL (As needed)
MEDICAL SERVICES			
Comprehensive medical and psychosocial histories	◆		
Immunizations	◆		
Comprehensive physical examinations per EPSDT guidelines	◆		
Developmental assessment	◇		
Assessment of educational, achievement, and attendance problems	◆		
Vision screening	◇		
Hearing screening	◆		

ELEMENTARY SCHOOL SERVICES	ESSENTIAL	OPTIONAL (Preferred)	OPTIONAL (As needed)
Dental assessment	◆		
Referral for dental care	◆		
Dental care		◆	
Diagnosis and treatment of minor medical problems	◆		
Diagnosis and treatment of acute medical problems	◆		
Management of chronic problems	◆		
Prescription of medications for minor medical problems	◆		
Prescription of medications for acute medical problems	◆		
Prescription of medications for chronic medical problems	◆		
Dispensing of medications for minor medical problems	◆		
Dispensing of medications for acute medical problems	◆		
Dispensing of medications for chronic medical problems		◆	
Laboratory testing	◆		
Referral to medical specialty services	◆		
Twenty-four hour coverage	◆		
Gynecological/Urological care	◆		
On-site STD treatment	◆		
Referral for STD treatment	◆		
HIV testing and counseling	◆		
Referral to HIV pre/post test counseling	◆		
On-site HIV/AIDS treatment		◆	
Referral for HIV/AIDS treatment	◆		
Case management	◆		
HEALTH EDUCATION/PROMOTION			
One-on-one patient education	◆		
Group/targeted education at the SBHC	◆		
Sample topics:			
Smoking cessation			
Teen parenting classes			
Weight reduction seminars			
Family and community health education	◆		
Supplemental classroom presentations & resource support for comprehensive health education	◆		
Sample topics as appropriate:			
STD/HIV/AIDS education			
Pregnancy prevention			
Drug use prevention			
Intentional & unintentional injury prevention			
Chronic conditions (e.g. asthma)			
General parenting skills			

ELEMENTARY SCHOOL SERVICES	ESSENTIAL	OPTIONAL (Preferred)	OPTIONAL (As needed)
MENTAL HEALTH SERVICES			
Individual mental health assessment, treatment, and follow-up, including:	◆		
Physical/sexual abuse identification & referral	◆		
Physical/sexual abuse counseling		◆	
Substance abuse assessment	◆		
Substance abuse counseling		◆	
Substance abuse referrals		◆	
Group and family counseling	◆		
Crisis intervention	◆		
Mental health referrals	◆		
SOCIAL SERVICES			
Social service assessment	◆		
Referrals to and follow-up with social service and other agencies for:	◆		
Basic needs (e.g. food, shelter, clothing)			
Employment services			
Legal services			
Public assistance (e.g. AFDC, Medicaid)			
Case management	◆		
On-site provision of services (e.g. food pantry)			◆
Transportation		◆	

A FEW MODEL PROGRAMS OF SCHOOL-BASED HEALTH CENTERS

ELIZABETH LEARNING CENTER'S SCHOOL-BASED HEALTH CENTER

The Elizabeth Learning Center (formerly Elizabeth St. School) has been developed as a demonstration of one of the eight designs for comprehensive school reform established with support from the New American Schools Development Corporation and currently being scaled-up around the country. The site serves grades K-12 (with Head Start soon to be added) and has an extensive adult education program.

What makes the Health Center at this school unique is that it is thoroughly integrated into the site's school reforms as one facet of the design's *component to address barriers to student learning.* Based on Adelman and Taylor's enabling component concept (here called Learning Supports), this component is treated as one of three primary and essential facets of the Learning Center design. (That is, it is treated on a par with instruction and governance/ management.)

The Health Center represents a major community collaboration among St. Francis Medical Center, California State University at Dominguez Hills, and the Learning Center (the school nurse work is integrated into the Health Center facility). As an integrated part of the total design, the Health Center is not only school-based it is an integral part of the entire school and community effort to address barriers to learning.

The Health Center provides a range of services for students and their families, including screening and primary health care, prescriptions, care for acute conditions such as asthma, health education and nutritional counseling, immunizations, and screening for tuberculosis, diabetes, and cholesterol. An integrated Family Center provides resources for mental health counseling and related family services. Both the Health and Family Center facilitate referrals as needed. Health education in the Health Center is coordinated with the Learning Center's health education programs, as well as with the Learning Center's high school Health Academy program. Because of the involvement of the St. Francis Medical Center, all concerns related to contraception are handled by the school nurse and other Learning Center staff.

Contact : Mary View Schneider, 4811 Elizabeth St., Cudahy, CA 90201; Ph: 213/560-4705, Fax: 213/560-8412; Email: mvs.@wizafd.eslc.k12.ca.us

SAN JOSE SCHOOL HEALTH CENTERS

Site: San Jose School Health Centers, Good Samaritan Health System
Address: 102 N. 14th St., San Jose, CA 95112
Project Director: Roberto Alaniz
Phone/Fax: (408) 280-2170/ (408) 289-1537
Special Populations: Children, adolescents

Services Provided Bilingual primary health care, counseling, pharmacy, health and nutrition education, immunizations, TB testing

Partners: San Jose State University, Santa Clara University, the University of San Francisco, the Santa Clara County Departments of Public Health and Social Services, and many public and private organizations.

The San Jose School Health Centers program in San Jose, CA, provides free primary health care to 25,000 medically underserved children and adolescents who attend 30 schools in five school districts. Program staff serve on multi-agency, multidisciplinary treatment teams that assess individual needs and develop coordinated treatment plans. The benefits of the program include reductions in absenteeism, drop-out rates and number of teen pregnancies. Improved immunization rates and academic performance are also noted. Technical assistance and consultation services are available.

SCHOOL-BASED HEALTH AND SOCIAL SERVICE CENTERS

In South Eastern Connecticut

Site: School-Based Health and Social Service Centers, Child and Family Agency of S.E. Connecticut

Address: 255 Hempstead St., New London, CT 06320
Project Director: Rick Calvert, CISW
Phone/Fax: (860) 443-2896/ (860) 442-5909
E-mail: HN4611@HANDSNET.ORG
Special Populations: School children

Services Provided: Health care, social services, physicals, immunizations

Linkages: State/local private medical and social service provider

The School-Based Health and Social Service Centers operates 12 school-based health centers in southeastern Connecticut. The centers work with school personnel, community leaders and child service providers to expedite the entry of children into needed programs. The centers provide no-cost physicals and immunizations by a school-based nurse practitioner. Upon request, nurse practitioners will accompany family preservation staff on home visits to help children living in high-risk or abusive situations. The centers have collaborative working relationships with agencies for respite care and substance abuse treatment. Enrollment and utilization rates exceed 90 percent and school absences and exclusions are reduced. Several professionally published articles and a policy and procedure manual are available upon request.

BALTIMORE CITY HEALTH DEPARTMENT

School Site: Harford Heights Elementary School
Address: 210 Guilford Avenue, 2nd floor, Baltimore, MD 21202
Project Director: Francine Childs
Phone: 410-396-3185
Service Area: Urban
Special Populations: Inner City, 99% African American

Health Services Funding: $192,078
Health Education Funding: $59,635
Other Funding: $134,943 from non federal sources

Partners: Harriet Lane Clinic (Johns Hopkins Hospital), School Health Advisory Board, Total Health Care, Harbel Substance Abuse, Universal Counseling, Johns Hopkins Hospital Mental Health, University of Maryland at Baltimore

Harford Heights Elementary School is the largest elementary school in Baltimore. The school-based health center (SBHC) opened to provide comprehensive primary care in April 1995. In order to make it easier for parents to attend appointments with their children, the SBHC is open late until 6:00 one night per week.

The health education program is coordinated by the health educator with assistance from an outreach worker who conducts home visits on an as needed basis. A Health Club with 100 high risk children as members meets twice a week to provide these youngsters with in depth health education. A dental hygienist provides classroom and one on one dental prevention activities. Fun and Fitness groups meet twice a week to promote healthy eating habits and lifelong physical activity. The SBHC has an active community advisory board which helps to oversee the activities of the program. The Baltimore City Health Department has been actively working with managed care organizations to develop sustainable reimbursement methods.

Denver Health and Hospitals

School Site: Valdez Elementary School

Address: 777 Bannock Street, Denver, CO 80204

Project Director: Barbara Ford

Phone: 303-436-7433

Service Area: Urban

Special Populations: Hispanics

Health Services Funding: $ 200,000

Other Funding: $ 50,310 in kind from Denver Health and Hospitals

Partners: Denver Mental Health Corporation, University of Colorado Health Sciences Center Schools of Medicine and Nursing, Childrenþs Hospital

The school-based health center (SBHC) at Valdez elementary school is the first elementary school in the Denver Health and Hospitals system to be fully staffed to provide for the comprehensive primary care needs of the students. Individual and group counseling is provided by a mental health therapist who is bilingual. Special programs offered include "Strengthening

Latino Families" which assists families in discussing what may be sensitive topics involving high risk behaviors. The Valdez SBHC also works with the University of Colorado Center for Human Nutrition on a program which incorporates nutritional concepts into the school curriculum for grades kindergarten, four and five. Each year, a dental screening program is delivered to all first graders and dental sealants are provided to all second graders. Fifth graders attend a refusal skills class. A parent outreach worker educates parents with limited English skills on how to negotiate the broader health system and about other health issues.

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Family Health Center, Inc

School Site: Edison Elementary School.
Address: 117 W. Paterson, Kalamazoo, MI 49007-2581
Project Director: Eurkres Y. Smith
Phone Number: (616) 349-2646
Service Area: Urban
Special populations: At risk for Homelessness

Health Services Funding: $270,100

Partners: Borgess Medical Center, Michigan State University Kalamazoo Center for Medical Studies, and Dental Resources, Inc.

Family Health Centers has developed extensive linkages with community health care providers. While most primary and preventive care will be delivered at the school site (including dental and mental health services), linkages have been made with area hospitals and clinics to provide care beyond regular business hours. FHC neighborhood clinics are available to students in the evenings, and emergency care services are provided 24 hours per day, seven days per week by Michigan State University Center for Medical Studies. In addition, contacts have been made with local food and clothing banks to provide assistance beyond medical care.

Madison-Yazoo-Leake Family Health Center

School Site: Nichols Middle School
Address: 1668 West Peace St., P.O. Box 588, Canton, MS 39046
Project Director: Ralph Burney
Phone Number: (601) 859-4786
Service Area: Rural Area of Madison County, MS
Special Populations: 93% African American, rural isolated

Health Services Funding: $155,700

Partners: Madison County Public School District , Mississippi Department of Health, University of Mississippi Pediatric AIDS Program.

The school-based clinic offers primary and preventive health care including reproductive, dental, and mental health services. The clinic is also involved in health education and promotion, and emphasizes the need to extend the role of physicians and nurses beyond traditional medical care. Recognizing local student needs, the clinic maintains an open door policy where students can seek support and guidance in addition to medical care. Collaborative efforts with the Canton Public School System have resulted in the creation of a Summer Youth Program, where underprivileged children are taught health, hygiene and conflict resolution.

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Agencies, Organizations & Internet Sites

The following agencies can assist in answering questions about, and obtaining materials relevant to, school-based health centers. They have reports, publications, online resources (e.g., catalogs, technical assistance), model programs, and links to other resources.

Remember:

- *You can always contact our Center*

  School Mental Health Project/The Center for Mental Health in Schools
  Department of Psychology, UCLA
  405 Hilgard Ave.
  Los Angeles, CA 90095-1563
  Phone: 310/825-3634 / Fax: 310/206-8716
  E-mail: smhp@ucla.edu
  Website: http://smhp.psych.ucla.edu/

- *You can contact our Sister Center*

  The Center for School Mental Health Assistance
  Department of Psychiatry, University of Maryland, Baltimore
  680 West Lexington St., 10th floor,
  Baltimore, MD 21201-1570
  Phone: (888) 706-0980 (toll free)
  Website: http://csmha.ab.umd.edu

Advocates for Youth--Support Center for School-Based and School-Linked Health Care

The Support Center for School-Based and School-Linked Health Care provides information, technical assistance, training, policy analysis, and advocacy to assist in establishing school-based and school-linked health centers and in enhancing their operations. The Support Center promotes SBHC models of adolescent health delivery by providing information and technical assistance to program planners and policy makers. The Support Center provides publications, individualized technical assistance, training on how to start a SBHC and how to advocate for SBHCs, and referrals to SBHC experts across the country. The state of the art database includes information on SBHC/SLHC services, staffing, populations served, financing, and more.

Contact: Advocates for Youth
1025 Vermont Avenue, NW, Suite 200
Washington, DC 20005
Phone: 202/347-5700 / Fax: 202/289-0776
E-mail: info@advocatesforyouth.org
Website: http://www.advocatesforyouth.org/

The Alpha Center

The Alpha Center is a non-partisan health policy center that serves as a resource for public and private leaders across the country. The Alpha Center's core capacities are to provide information and education, analysis and research, strategic planning and program management for a variety of programs related to community health as well as health in schools.

Contact: Alpha Center
1350 Connecticut Ave., NW Suite 1100
Washington, D.C. 20036
Phone: 202/296-1818 / Fax: 202/296-1825
Website: http://www.ac.org

The American Academy of Pediatrics--Committee on School Health (COSH)

Through policy development, special projects, educational programming, and liaison relationships issues of major concern such as the following are addressed by the Committee on School Health: Education, policy development, program development (especially comprehensive health-related programs for school-age children).

Contact: National Headquarters: The American Academy of Pediatrics
141 Northwest Point Boulevard
Elk Grove Village, IL 60007-1098 USA
Phone: 847/228-5005 / Fax: 847/228-5097
E-mail: schoolhealth@aap.org
Website: http://www.schoolhealth.org/csclist.htm

Healthy Schools, Healthy Communities

Healthy Schools, Healthy Communities (HSHC) is a program administered by Bureau of Primary Health Care and provides a valuable model of how to use schools effectively as primary care access points for at-risk children. Healthy Schools, Healthy Communities projects provide family-centered, community-based primary care. Mental health and dental services are included.

Contact: The Director of School Health Services
The U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
Phone: 301/594-4450
Website: http://www.bphc.hrsa.dhhs.gov/hshc/hshc1.htm

Links to School-Based Health Issues

This web page is designed to direct you to other resources on the Internet that may be useful to your school based health program.

Access the Website: http://musom.marshall.edu/hsp/link/index.htm

Making the Grade (MTG)

With support through the Making the Grade initiative, state governments are reducing organizational and financial barriers to school-based health care. The goal of MTG is to fund communities so they can develop district-wide, integrated systems of school health services that link health centers, school nursing, mental health and special education-related services as part of an effective service delivery system for children. The MTG website has a host of resources related to school-based health centers and comprehensive school health, such as publications, fact sheets, guidelines to organizing SBHCs, technical assistance, and more.

Contact: National Assembly on School-Based Health Care
1522 K Street, NW, Suite 600
Washington, DC 20005
Phone: 888/286-8727 (toll free)
E-mail: jschlitt@mail.nasbhc.org
Website: http://www.gwu.edu/~mtg/

The National Adolescent Health Information Center

The National Adolescent Health Information Center of the University of California, San Francisco is a joint activity of the Division of Adolescent Medicine and the Institute for Health Policy Studies. The Center's goal is to promote linkages among key sectors of the health care system that affect the health of adolescents. The Centers current activities include: Increasing the availability of information related to the health of adolescents through a coordinated strategy that links collection, analysis and dissemination of Maternal and Child Health-related and other national and state activities; Improve the capacity of State Title V agencies to plan, deliver and improve access and coordination of comprehensive primary care for adolescents; Conduct short-term and long-term policy studies to synthesize research findings, identify health trends, compare policy approaches and analyze current and proposed legislation affecting adolescents; Develop strategies to increase the public's awareness of the health needs to special populations.

Contact: The National Adolescent Health Information Center
University of California, San Francisco
400 Parnassus Avenue, Room AC-01
San Francisco, CA 94143-0374
Phone: 415/476-2059 / Fax: 415/476-6106

National Assembly on School-Based Health Care (NASBHC)

The NASBHC is dedicated to promoting accessible, quality school-based primary health and mental health care for children and youth through interdisciplinary and collaborative efforts. The National Assembly supports the institutionalization of school-based health care nationwide as an essential strategy for improving the lives of children and optimizing their opportunities for success in school and society. NASBHC provides community, state, and national advocacy, information and knowledge exchange, networking opportunities, and technical assistance regarding multi-disciplinary school-based health care.

Contact: The National Assembly on School-Based Health Care
1522 K Street, N.W., Suite 600
Washington, D.C. 20005
Phone: 888/286-8727 / 202-289-5400
Website: http://www.nasbhc.org/

National Center for School-Based Health Information Systems

Contact: The National Center for School-Based Health Information Systems
1056 East 19th Avenue, B-516
Denver, CO 80262
Phone: 303/764-8400 / Fax: 837-2962

National Health and Education Consortium (NHEC)

The mission of the National Health and Education Consortium (NHEC) is to strengthen communication and dissemination of information between health and education practitioners and policy makers, to identify exemplary program models and practices which more effectively integrate health and education services, and to improve public policy by addressing the need for a better coordinated health and education delivery system. Primarily, the NHEC serves as a formal entity in bridging the gap among cross-sector collaborative efforts.

Contact: The National Health and Education Consortium
1001 Connecticut Avenue, NW, Suite 310
Washington, DC 20036
Phone: 202/822-8405 / Fax: 202/872-4050
E-mail: nhec@iel.org

School Health Resource Services (SHRS)

School Health Resource Services is a direct way to access the diverse resources needed to implement or improve school health programs and services. SHRS is a network of services designed as a coordinating link between you and the information available from school health, maternal and child health, education and other disciplines. SHRS provides you with technical information, resource materials, and research assistance. Some of their references include: Their School Health Reference Collection which contains 5,000 school health related documents, government publications, model programs, articles, data, policies, videotapes, and much more; Information on model programs; Resource packets, and more.

Contact: School Health Resource Services/
University of Colorado Health Sciences Center
School of Nursing, Office of School Health
4200 East Ninth Avenue, C-287
Denver, CO 80262
Phone: 800/ 669-9954 / Fax: 303/ 315-3198
E-Mail: shpref@defiance.uchsc.edu
Website: http://www.uchsc.edu/sn/shrs

School-Based Health Center information on the Internet

Developed by the Educational Resources Information Center (ERIC) to provide online services and documents pertaining to assessment and evaluation; contain information on special issues in School Based Intervention, test description, lists of online publishers, and much more.

Access the website: http://ericae.net/intbod.stm#AA

Note:

Our Center also has

- A catalogue of Internet sites relevant to mental health in schools (which is updated regularly) entitled:

  A Catalogue of Internet Sites Relevant to Mental Health in Schools

- A a catalogue of Organizations relevant to mental health in schools (which is updated regularly) entitled:

  Organizations With Resources Relevant to Addressing Barriers to Student Learning: A Catalogue of Clearinghouses, Technical Assistance Centers, & Other Agencies

Consultation Cadre

Professionals across the country volunteer to network with others to share what they know. Some cadre members run programs; many work directly with youngsters in avariety of settings and focus on a wide range of psychosocial programs. Others are ready to share their expertise on policy, funding, and major system concerns. The group encompasses professionals working in schools, agencies, community organizations, family resource centers, clinics and health centers, teaching hospitals, universitites, and so forth.

People ask how we screen cadre members. We don't! It's not our role to endorese anyone. We think it's wonderful that so many professionals want to help their collegues, and our role is to facilitate the networking. If you are willing to offer informal consultation at no charge to collegues trying to improve systems, programs, and services for addressing barriers to learning, let us know. Our list is growing each day; the following are those currently on file related to this topic. Note: the list is alphabitized by **Region and State** as an aid in finding a nearby resource.

See our website at http://smhp.psych.ucla.edu/ or contact the center for a brief overview of each person's self-described areas of expertise.

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Appendix

Meeting the Challenge of Limited Financial Resources

Centers, schools, districts, and communities vary tremendously with respect to accessibility to services. No locale has enough resources; some are relatively well off; some are extremely impoverished.

> For example, adolescent-focused substance abuse programs often do not exist in a locale or may only be accessible to those who can pay the costs directly or through third party payers. Where no-cost programs exist, long waiting lists are commonplace.

Limited availability is an unavoidable reality and an ongoing challenge to all health professionals.

Limited availability, of course, is directly related to financial support. In an era of dwindling support for many public agencies, the most fundamental challenge for most school-based health centers and a variety of other related programs is how to survive.

> Meeting this challenge involves expanding a center's base of support and organizing for advocacy and action. With respect to advocacy, the key is not to compete with related school and community programs but to move toward fully integrating with such efforts. The need is to convince policy makers that all elements can be woven together to address barriers to learning and enhance healthy development in ways that are essential to school success.

Finding the Funds

For most centers, finding the funds to underwrite its activities remains a struggle. Because no single funding source is reliable, many centers seek diversified financial support and draw from the public and private sector (i.e., from individuals, agencies, and foundations at local, state, and national levels).

Exhibit A outlines a range of funding sources for school-based health centers.

> As centers become more integrated into school and community programs, some support can be derived from the funding that underwrites these programs. An example of possibilities is seen in Exhibit B which outlines sources of federal support available to school districts.

Also, see *Financial Strategies to Aid in Addressing Barriers to Learning* -- an Introductory packet that is available from our Center.

Exhibit A: Funding Sources for School Based Health Programs
(prepared by Bernice Rosenthal, MPH, Baltimore City Health Dept.)

SOURCE OF FUNDS/ CATEGORIES	HOW TO ACCESS OPTIONS	USE OF REVENUES IN BALTIMORE
General Funds: Local Health Dept. Budget	Determined by municipal government See local Health Departments	Budget for school nurses, aides, MDs, clerical, administration
Federal : EPSDT Administrative	Application to State EPSDT Office for administrative federal financial participation for expenditures related to outreach and case management that support the effort to assure that pregnant women and children with MA or likely to be eligible for MA receive preventive health services	Applied to school nurse salaries who provide administrative outreach and case management. Results in having local funds available for the SBC program.
MCH Title V (C and Y)	Application to agency delegated by State to distribute funds for primary health care for uninsured children.	Supports core staff in 3 school-based health centers.
STATE: Legislative	Bill initiated by state senator.	$41,000 for 1 PNP in designated school
HMO Reimbursement Out of Plan Family Planning Provider (SBHC)	Per State HMO contract, bill HMO for Family Planning services as out of plan provider.	Added to resource pool for expanding services in school clinics.
Pre-authorized services (SBHC)	Contract to complete EPSTD screens for HMO enrollees in SBHC schools.	Fee for service reimbursement.
Fee for service: School-Based Clinics (SBHCs)	Apply for Medicaid Provider status. Arrange for revenues to be retained by program without requirement to spend in year of receipt.	Used to expand staff with part-time NPS, Medical assistants, physician preceptors, and contracts for mental health clinicians.

(cont.)

Exhibit A: Funding Sources for School Based Health Programs (cont.)

SOURCE OF FUNDS/ CATEGORIES	HOW TO ACCESS OPTIONS	USE OF REVENUES IN BALTIMORE
Fee for service: School Nurse Programs	Apply for Medicaid provider number as LHD or LEA for medically necessary services provided in schools e.g. IEP nurse services.	Used to retain positions cut in local funds budget, provide education benefits for nurses, purchase equipment, add clerical support
Health Related services IEP/IFSP	Application to Medicaid as provider reimbursement for services provided to school children under IEP/IFSP. School Districts can apply directly for provider status or enter into a Letter of Agreement with a local health department and provides services as a clinic of local health dept. Uses specific LHD provider number. Agencies described above apply to state Medicaid.	Produces a significant revenue base that can support entire SBHC programs as is done by Baltimore County. Baltimore's MOU between Health and Education stipulates that revenues must be used to expand or initiate expanded health services in schools. 38 school nurse positions, CHN Supvr, 6 Aides, social workers, 57 school-based mental health clinics, assistive technology equipment and a portable Dental Sealant Program for elementary schools.
Case Management for Pediatric AIDS	Have school or clinic nurse provide case management for HIV positive children in schools through cooperation with local Pediatric AIDS Coordinator.	New option in Maryland.
Home-based services & Service Coordination services	Apply for or include in MA provider application.	Not used in Baltimore schools.
Targeted Case Management under Healthy Start	Available for school nurses who complete required assessments and follow-up for eligible children.	Not used

Exhibit B

Examples of Federal Resources

To illustrate the range of federally funded resources, the following table was abstracted from "Special Education for Students with Disabilities" (1996), The Future of Children, 61), 162-173.

What follows is a table composed of a broad range of federally supported programs which exist to meet specific needs of children and young adults with disabilities. Services include education, early intervention, health services, social services, income maintenance, housing, employment, and advocacy. The following presents information about programs that

- are federally supported (in whole or in part)
- exclusively serve individuals with disabilities or are broader programs (for example, Head Start) which include either a set-aside amount or mandated services for individuals with disabilities.
- provide services for children with disabilities or for young adults with disabilities through the process of becoming independent, including school-to-work transition and housing.
- have an annual federal budget over $500,000,000.00 per year. (Selected smaller programs are also included).

Category	Program	Purpose	Target Population	Services Funded
Education	Special Education-State Grants Program for Children with Disabilities US Dept. of Education, Office of Special Education Programs contact: Division of Assistance to States, (202) 205-8825	To ensure that all children with disabilities receive a free, appropriate public education (FAPE). This is an entitlement program	Children who have one or more of the following disabilities and who need special education or related services: Mental retardation, Hearing impairment, Deafness, Speech or language impairment, Visual impairment, Serious emotional disturbance, Orthopedic impairments, Autism, Traumatic brain injury, Specific learning disabilities, Other health impairments	Replacement evaluation, Reevaluation at least once every 3 years, Individualized education program, Appropriate instruction in the least restrictive environment
Comprehensive Services to Preschool Children	Head Start US Dept. of Health and Human Services contact: Head Start Bureau, (202) 205-8572	To provide a comprehensive-array of services and support which help low-income parents promote each child's development of social competence	Primarily 3- and 4-year-old low-income children and their families Statutory set-aside requires that at least 10% of Head Start enrollees must be disabled children	Education, Nutrition, Dental, Health, Mental health, Counseling/psychological therapy, Occupational/physical/speech therapy, Special services for children with disabilities, Social services for the family
Health	Medicaid US Dept. of Health and Human Services contact: Medicaid Bureau, (410) 768-0780	To provide comprehensive health care services for low-income persons This is an entitlement program	Low-income persons: Over 65 years of age, Children and youths to age 21, Pregnant women, Blind or disabled, and in some states- Medically needy persons not meeting income eligibility criteria	Screening, diagnosis, and treatment for infants, children, and youths under 21; Education-related health services to disabled students; Physician and nurse practitioner services; Rural health clinics; Medical, surgical, and dental services; laboratory and x-ray services; nursing facilities and home health for age 21 and older; Home/community services to avoid institutionalization; family planning services and supplies.
Health	Disabilities Prevention US Dept. of Health and Human Services, Centers for Disease Control and Prevention contact: Disabilities Prevention Program, (770) 488-7082	Funds educational efforts and epidemiological projects to prevent primary and secondary disabilities	Persons with: Mental retardation, Fetal alcohol syndrome, Head and spinal cord injuries, Secondary conditions in addition to identified disabilities, Selected adult chronic conditions	Funds pilot projects that are evaluated for effectiveness at disability prevention; Establishes state offices and advisory bodies; Supports state/local surveillance and prevention activities; Conducts and quantifies prevention programs; Conducts public education/awareness campaigns

Category	Program	Purpose	Target Population	Services Funded
Health	Maternal and Child Health Services US Dept. of Health and Human Services contact: Maternal and Child Health Bureau, (301)443-8041	To provide core public health functions to improve the health of mothers and children	Low-income women and children; Children with special health needs, including but not limited to disabilities	Comprehensive health and related services for children with special health care needs; Basic health services including preventative screenings, prenatal and postpartum care, delivery, nutrition, immunization, drugs, laboratory tests, and dental; Enabling services including transportation, case management, home visiting, translation services
Mental Health	Comprehensive Mental Health Services for Children and Adolescents with Serious Emotional Disturbances and Their Families US Dept. of Health and Human Service contact: Child, Adolescent and Family Branch Program Office, (301) 433-1333	The development of collaborative community-based mental health service delivery systems	Children and adolescents under 22 years of age with severe emotional, behavioral, or mental disorders and their families	Diagnostic and evaluation services; Individualized service plan with designed case manager; Respite care; Intensive day treatment; Therapeutic foster care; Intensive home-, school-, or clinic-based services; Crisis services; Transition services from adolescence to adulthood
Social Services	Foster Care US Dept. of Health and Human Services contact: Children's Bureau, (2020) 205-8618	To assist states with the costs of: foster care maintenance; administrative costs; training for staff, foster parents, and private agency staff. This is an entitlement program	Children and youths under 18 who need placement outside their homes	Direct costs of foster care maintenance; placement; case planning and review; training for staff, parents, and private agency staff
Housing	Supportive Housing US Dept. of Hosing and Urban Development (HUD contact: Local Housing and Urban Development field office	To expand the supply of housing that enables persons with disabilities to live independently	Very low-income persons who are: blind or disabled, including children and youths 18 years of age and younger who have a medically determinable physical or mental impairment and who meet financial eligibility requirements; over 65 years of age	Cash assistance Average monthly payment is $420 per child with disability. Range is from $1 to $446

Another way for SBHCs to minimize the amount of budgetary support that must be raised each year involves attracting community resources to help the center carry out its work.

> With respect to seeking grants, remember that government agencies and most private foundations currently are not looking to underwrite long-term service programs, such as SBHCs. Thus, a SBHC should think in terms of proposing 2-3 year demonstration projects that can contribute to the center's mental health focus but which are designed specifically to address a particular agency's or foundation's priorities (e.g., projects to reduce dropout, substance abuse, gang violence, suicide; projects related to models for integrating center, school, and community resources).
>
> Every major funding source will send, upon request, a statement of current priorities and application procedures.

A variety of helpful resources related to financial concerns are provided in one of the specially prepared packets designated as *Accompanying Resources*. This resource aid, entitled *Financial Strategies to Aid in Addressing Barriers to Learning*, is outlined in the last section of this guidebook.

In addition to major financial underwriting, school-based health centers can enhance their resources through outreach that attracts local support.

Volunteer staff. Centers can increase the range of services and minimize costs by supplementing paid staff with volunteers. Indeed, the only way some centers can provide a significant focus on mental health is by using volunteer professionals directly or to supervise volunteer or paid paraprofessionals and trainees.

Agencies. It is a given that centers need to connect with local agencies and organizations that provide counseling services (e.g., county mental health, substance abuse programs, youth groups). Similarly, community agencies and organizations can be convinced about the benefits of outreaching to the school in ways that result in additional services at the school. For example, county mental health workers are coming to some centers to provide services to students who qualify for but are unlikely to travel to county programs.

Advisory boards. Community and professional advisory boards often are mandated for centers. Whether mandated or not, such advisory groups can be encouraged to play a role in advocating for additional programs and support. In addition, some advisory board members can be mobilized to use their networks to help recruit volunteers.

Adopters/sponsors. Individuals, local businesses (including corporations housed in the area), service clubs and other organizations can be recruited as sponsors. The success of adopt-a-school programs suggests the potential of "adopt-our-center" campaigns. Sponsors can help meet specific resource needs ranging from donating center furnishings to financial contributions. Sponsors may or may not choose to participate on advisory boards.

Excerpts from an article by Alpha Center in *State Initiative's Newsletter* (October, 1995)

School-Based Health Centers Search for Funding: Eye Managed Care Organizations as Partners

With the growing of Medicaid managed care, school-based health centers have seen their reimbursement dollars drop at an alarming rate. In 1994 alone, the Baltimore City Health Department witnessed declines in Medicaid revenue of 35 percent for its school-based health centers as a result of managed care. During that same year, school-based health centers in the Bronx estimated a loss of $30,000 in Medicaid revenue for services they provided to managed care enrollees.

It is a trend that proponents of school-based health centers are watching with great trepidation. But it is also motivating administrators of these centers to negotiate with managed care plans in hopes of not only stanching the revenue bleeding, but possibly securing a steady source of funding. At the same time, a partnership with managed care plans would help place school-based health centers in the mainstream of health care delivery and improve care coordination for school-aged children.

The majority of students seen in school-based health centers are uninsured, with between 30 percent and 35 percent of the students on Medicaid. But as more states expand Medicaid coverage to uninsured children, that will ensure that a larger pool of children in high schools will receive coverage. At the same time, however, more and more states are enrolling their Medicaid populations into managed care plans. "If school-based health centers do not become part of that system, they will cease to exist," predicts Karen Hacker, of the Boston Department of Health and Hospitals.

Financial survival isn't the only reason for linking with managed care. According to Donna Zimmerman, executive director of Health Start, Inc. in St. Paul, Minnesota, and president of the new National Assembly on School-Based Health Care, the advantages are three-fold. First, negotiating with managed care organizations to reimburse services provided at school-based health centers will stop a backward slide in overall reimbursements. The new relationship will also ensure that students don't have "to be taken out of a system of care that they've become accustomed to," says Zimmerman. Furthermore, a large managed care organization has greater resources that could be used to assist clinics with quality improvement programs or staffing.

(cont.)

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But partnering with managed care organizations is not easy. The barriers are many, ranging from having to prove a school-based center's effectiveness to negotiating an acceptable reimbursement rate and developing more sophisticated billing and information systems. "Nobody's going to contract with them just because they're the good guys," says Sandra Maislen of the Boston-based Neighborhood Health Plan.

. . . Maislen's network is investing in school-based health centers. Maislen says the network is interested in working with the centers because the state has established standards for school-based health centers to make certain a basic quality of service is provided. The Neighborhood Health Plan views the schools as well-equipped to reach a population that has traditionally shied away from services. Twenty-two of the network's health centers have links with designated school-based sites throughout Boston, paying a capitated rate that takes into account such things as violence prevention. And the network is in the process of opening up the system so that any network member can receive care at any school-based health center and the services will be reimbursed.

"We are where the patients are," says Zimmerman. For managed care organizations that must meet Medicaid mandates to screen a certain percentage of adolescents, school-based health centers are uniquely positioned to help them attain that goal. "We provide very good access to Medicaid patients for the health plans, and we have access to whole families by virtue of the children being in the schools," Zimmerman adds.

Besides, for some problems an adolescent is more likely to seek advice or care from a provider based in the school than a health plan doctor. "It's unlikely that a teenager is going to say to a parent 'I've got a vaginal discharge, do you think I need to be tested?'" offers Maislen.

Maislen suggests that school-based health centers have to start thinking more strategically, marketing specific programs to HMOs. In Boston, programs targeted at Asthma management, preventing motor vehicle accidents and stopping violence would go a long way, says Maislen. Such preventive programs can stop such traumatic incidents from happening, and the costs associated with these services are far less than those for treating accident and shooting victims.

Focusing on partnerships with managed care plans isn't the only key to survival. The centers need to seek out partnerships with state governments and other organizations to build a network of support. Centers also need to build relations with other groups of providers to secure their place as alternate sites of care for adolescents. While successful negotiations could lead to more Medicaid revenue, those reimbursements will never be enough to fully fund center operations. According to Zimmerman, school-based health centers will always have to search out alternate sources of funding.